

Savings Withdrawal

Newport Credit Union • Newport Indoor Market • Upper Dock Street • Newport NP20 1DD
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Dec 2015



Please complete the following in **BLOCK CAPITALS**

Membership No:

Title: <input type="text"/>	Surname: <input type="text"/>	Forename(s): <input type="text"/>
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Address:

Post Code:.....

Telephone Number:

Email:.....

Are you happy to receive information and statements by e mail instead of post? Yes No

(Please note we will not disclose your details to any third parties)

NB: You are required under the current savings policy to maintain a minimum savings balance of £1.00

Savings Balance: £..... Amount to be withdrawn: £

in words

How would you prefer the withdrawal to be processed?

Cheque: Who would you like the Cheque made payable to?

Where would you like to cash your cheque?

Would you like the cheque posted to the registered address? Yes No

If No, from which collection point would you like to collect?

Bank Transfer: Bank Name:..... Account Name:

Sort Code: -- A/C No:

Please sign below to confirm your withdrawal

Member: <input type="text"/>	Date: / /
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Office Use Only	
Approved by:	Date: / /
Cheque No: Handed over by:	Date: / /
BACS Payment ID No:	Date: / /
BACS complete by:	Date: / /



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