



SHARE WITHDRAWAL FORM

11 Castle Street
Forfar, Angus
DD8 3AE
Tel: 01307 463388

SHARE WITHDRAWAL

Membership No. _____ Name in full: _____

I wish to make a withdrawal of £ _____ from my Credit Union account.

Please circle how you would like to receive your money: e.g. **3**

1. Via a BACS transfer straight into my Bank Account

a. Please state your bank account details:

Account Name

Account Number

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Account Holding Branch

Sort Code

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2. Collect a cheque from Main Office at 11 Castle Street, Forfar

3. Collect a cheque from my local ACCESS Office surgery

a. Please state which Access Office: _____

4. Send cheque by post

5. Collect a cheque from Volunteer Centre Angus, 32-34 Guthrie Port, Arbroath

Please indicate who you would like the cheque payable to:

1. a creditor

2. to cash

3. to you

Signature: _____ Date: _____

Please return this form to Angus Credit Union.

FOR OFFICE USE ONLY

Date Received _____

Payment Method: _____

Share Balance: _____

New Share balance _____

Loan Balance _____

Date to Treasurer: _____

Date paid: _____

Name & Signature: _____