

# Savings Withdrawal

Merthyr Tydfil Borough Credit Union Ltd. •  
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Please complete the following in **BLOCK CAPITALS**

Membership No: \_\_\_\_\_

Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No \_\_\_\_\_

Email: \_\_\_\_\_

Are you happy to receive information and statements by e mail instead of post?  
(Please note we will not disclose your details to any third parties)

Yes

No

**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Amount to be withdrawn: £ \_\_\_\_\_ in words \_\_\_\_\_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 your withdrawal to be processed?**

**Cheque:**

Who would you like the Cheque made payable to? \_\_\_\_\_

Which Post Office would you prefer to cash your cheque? \_\_\_\_\_

( All Post Office cheques must be signed for )

Would you like your cheque posted to your registered address? Yes

No

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

**Bank Transfer:**

Please tick if you wish us to retain these details on record for future reference

Bank Name \_\_\_\_\_

Account Name \_\_\_\_\_

Sort Code

A/C No.

**PLEASE NOTE: We will transfer the amount above to the bank details above. However, if the bank details provided are incorrect Merthyr Tydfil Borough Credit Union Ltd cannot be held responsible for transferring the payment to the wrong account**

**To your CU card:**

ie your creEcard Pre paid debit card (upload fee of £1 applies)

**Please sign below to confirm your withdrawal**

Member Signature: \_\_\_\_\_

Date

/

/

**Office use only**

Cheque no \_\_\_\_\_

Handed over by \_\_\_\_\_

Date

/

/

BACS ID \_\_\_\_\_

completed by \_\_\_\_\_

Date

/

/

Prepaid \_\_\_\_\_

completed by \_\_\_\_\_

Date

/

/

Batch No. \_\_\_\_\_

completed by \_\_\_\_\_

Date

/

/