

Savings Withdrawal

Merthyr Tydfil Borough Credit Union Ltd. •
139 High Street • Merthyr Tydfil CF47 8DN
Tel 01685 377888 • info@mtbcu.org.uk • www.mtbcu.org.uk

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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

Account Balance: Share _____ Rainy Day _____ Christmas _____ Attached _____

Amount to be withdrawn: £ _____ in words _____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 _____

Name on the Account _____

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

Please sign below to confirm your withdrawal

Member Signature: _____

Date

/

/

Office use only

Processed by _____ Till No. _____ Paid By Cheque / BACS No. _____

BACS Uploaded by _____ Date..... /...../..... BATCH No. _____

BACS Released by _____ Date..... /...../.....