

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: _____

Telephone No _____ Email: _____

NB: You are required under the current savings policy to maintain a minimum savings balance of £2.00

Amount to be withdrawn: £ _____ in words _____

From my: Share 1 Rainy Day Christmas Attached Other _____

How would you prefer your withdrawal to be processed?

Cash: Maximum of £200 only (must be collected from the office)

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

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 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.

Privacy Policy

In accordance with the General Data Protection Regulation (GDPR), we will use your personal details for the purpose of managing your accounts with the credit union. For more information on how we treat your personal data please refer to our "Privacy Policy" which is available under "About Us" on our website: www.mtbcu.org.uk or email: gdpr@mtbcu.org.uk to request a copy.

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..... /...../.....