



Cupar Community Centre
 Castlehill, Cupar,
 Fife KY15 4HA
 Phone No. 01334 652441
 email: nefifecreditunion@btconnect.com

Junior Savings Withdrawal Request

Date Applied ___/___/___ Account No. _____

Name _____ (BLOCK LETTERS)

Present Address _____

_____ Postcode _____

Phone No. _____

Present savings balance	£	
I wish to withdraw savings of	£	
New savings balance	£	

I request a Bank transfer(BACS) on Date ___/___/___ Name as on bank account: _____

Name of Bank: _____ Sort-code: ___-___-___ Account No. _____

I Request a Cheque dated ___/___/___ to be collected from _____ (please state collection point)

Authorised Person's signature: _____

Only the person signing this request can authorise a withdrawal from this account and please note that that otherwise notified, (in writing) all payments will be issued to the person named above.

<p>For office use only</p> <p>Member's signature Verified Date: ___/___/___ Initials: _____</p>

Receipt of Funds

Cheque No: _____ Date Issued: ___/___/___ Amount withdrawn £ _____

Member's signature: _____ New Savings Balance £ _____

Witness Signature: _____ (Teller) Account No. _____

Witness Signature: _____ (Teller) Account No. _____

Witnesses should compare signatures by member and ID if not known personally at collection point

Transaction No. _____ Date completed: ___/___/___ Amount transferred £ _____

New Savings Balance £ _____

Treasurer's signature: _____ Account No: _____

2nd Confirming signature: _____ Account No: _____