

SHARE WITHDRAWAL REQUEST



Undeb Credyd Sir Drefaldwyn

Robert Owen

Montgomeryshire Credit Union

Membership number

Surname

Forenames

Please debit the following account(s):

- Share 1
- Share 2
- Share 3
- Share 4
- credEcard account
- Budget account

£	
£	
£	
£	
£	
£	

IMPORTANT: PLEASE READ
After this form has been received at the office, fully completed and signed, you must allow at least 3 working days for your share withdrawal request to be processed.

Date required:

Total in figures: £

Total in words:

Method of withdrawal:

cheque Payable to
 To be collected from the office/agency
 To be posted to my registered address.

credEcard Account number
Account name

bank account Sort Code
Account number
Account name

signature

date

Reason for withdrawal

This section is optional but the information you provide will help us greatly in developing and improving services to meet members' needs.

FOR OFFICE USE ONLY

Processing Reference Number

Date withdrawal request form received:

Cheque number

Date of BACS/credEcard transfer or cheque issuance

Authorized by