Share Withdrawal Form

Cash Box Credit Union

Please return this form to:

Cash Box Credit Union, Clarence Arcade, Stamford Street, Ashton under Lyne OL6 7PT

CASH BOX credit union

Name:	Member No:	Date Required:
Address:	Tel No:	

Amount:	Please confirm amount in words:
Signed:	Date:

Please enter your bank details below for payment via BACS transfer:

Bank Name:	Account Number:								
Branch:	Sort Code:			-			-		

Office Use Only Cheque No./Bacs Ref	Signature Checked	1st Signatory	2nd Signatory	Previous Share Balance:	New Share Balance:

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