

Share Withdrawal Form

Cash Box Credit Union

Please return this form to:

Cash Box Credit Union, Tameside One, Market Place, Ashton under Lyne OL6 6BH

CASH BOX
credit union

Name:	Member No:	Date Required:
Address:	Tel No:	
Amount:	Please confirm amount in words:	
Signed:	Date:	

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

Account Name:	Sort Code:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name:	Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please initial in the box if the above withdrawal is to close the account

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

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