Closure of Credit Union Account

Freepost RSRT-HAXK-RUYY

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Please con	plete the following in	BLOCK CAPITA	ALS	Membership	No:		
	T						
Title:	Surname:	ne: Forename(s):					
Address:							
Postco					e:		
Amount to b	e withdrawn: £	in words					
-	ou prefer your withdraw	•					
Cheque: Who would you like the Cheque made payable to? Where would you like to cash your cheque?							
Would you like your cheque posted to your registered address? Yes No If No, from which collection point would you like to collect?							
	ii No, iioiii wiii	ch conection point	would you ii	Ke to collect!			
Bank Transf	er: Bank Name _			Account Name			
	Sort Code			A/C No.			
Credit Union a/c: Account Name Member No:							
To help us in	nprove our service to me	embers could you	ı please giv	e the reason for le	eaving us	:	
Moving Change of Employment					Dissatisfaction		
Other							
I understand	that in withdrawing all r	my shares I am te	erminating r	my membership o	f Gatewa	y Cred	lit Union.
Member Sig					Date	/	1
Office use o	nly						
Approved by					Date	/	/
Cheque no Handed over by					Date	/	1
BACS Payment ID No				Date	/	/	
BACS completed by					Date	/	/