

Savings Withdrawal

Gateway Credit Union Ltd. • 21 Commercial Street • Pontypool • Torfaen • NP4 6JQ
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Please complete the following in **BLOCK CAPITALS**

Membership No: _____

Title: _____

Surname: _____

Forename(s): _____

Address: _____

Postcode: _____

Telephone No _____

Email: _____

Are you happy to receive information and statements by e mail instead of post?
(Please note we will not disclose your details to any third parties)

Yes

No

NB: You are required under the current savings policy to maintain a minimum savings balance of £1.00

Savings Balance: £ _____

Amount to be withdrawn: £ _____ in words _____

How would you prefer your withdrawal to be processed?

Cheque:

Who would you like the Cheque made payable to? _____

Would you like your cheque posted to your registered address? Yes No

If No, from which office would you like to collect? _____

Bank Transfer:

To your nominated account whose details we already have

To another bank:

Bank Name _____

Account Name _____

Sort Code - -

A/C No.

and register these details for future use. Please check details are correct.

To your Change Account Card

Please sign below to confirm your withdrawal

Member Signature: _____

Date / /

Office use only

Approved by _____

Date / /

Cheque no _____

Handed over by _____

Date / /

BACS ID _____

completed by _____

Date / /