

Share Withdrawal



Opening Hours 9.00 to 4.00 Monday to Friday

(Please complete in block capitals)

Member number _____ Name _____

Address _____

Please pay the sum of £ _____ direct into my bank/building society account and debit my credit union account, **my details are as follows:-**

Name of Bank

Address of Bank

Bank Account Number Sort Code

Cardholders name.....

Or please issue me a cheque made payable to _____

Please post the cheque

I will collect the cheque

Signature _____ *Date _____

*** Please allow up to 7 days from the date we receive this request, for the money being paid into your bank account.**

Please return this form to:-

Rothersave Credit Union
R.A.I.N. Building
Eastwood Lane
Rotherham S65 1EQ

Telephone (01709) 514263

FOR OFFICE USE ONLY

CUMAS DATE _____ INPUTTED DATE _____

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