



APPLICATION FOR WITHDRAWAL OF SHARES (SAVINGS)

Collection Point _____
Members Name _____ Membership Number _____
Date of Application _____ (Please note 14 days Notice required)
Share balance £ _____ Loan balance £ _____

“Please withdraw £ _____ (amount in words _____) from my account”.

“Please make cheque payable to _____”

“I wish to close my account”

PLEASE READ AND COMPLETED STATEMENT BELOW WHEN CLOSING THE ACCOUNT

I, (name) _____ Membership No _____ understand that in withdrawing all my shares, I am ending my membership of the Credit Union. I request that any monies due to me by way of dividend/interest be sent to me.

Signature.....Date.....

Return to: Lowestoft Community Enterprise
229 London Road South
Lowestoft, Suffolk, NR33 0DS

Office Use

Authorised by (cashier).....for the Board.

PLEASE INITIAL

- Balance confirmed?
- Has form been completed, fully?
- Cheque number Issued.....Date.....
- Enter in passbook.
