



Rainbow Saver Anglia Credit Union Ltd

APPLICATION FOR WITHDRAWAL OF SHARES (SAVINGS)

Member Name	_____	Membership Number	_____
Amount requested	£ _____		

How do you want to receive your money?

- Cheque payable to me
- Cheque payable to someone else, please give name: _____
- A bank transfer into my bank or building society account

Name of Bank / Building society _____

Sort Code _____

Account number _____

Name on account _____

- Load onto my credit union Debit Card
- New credit union Visa Debit card and have this amount loaded as well as pay the purchase fee

- If this withdrawal means you have less than £1 left in your account are you closing your account? YES/NO

Signature X.....Date.....

Hand this form into your collection point or you can post it to:

Rainbow Saver Anglia Credit Union Ltd
229 London Road South
Lowestoft, Suffolk, NR33 0DS

If it is urgent, you can also fax us on 01502 584854
or
Email your request to: mail@rainbowsaver.org.uk

For office use only:

Authorised by

- Balance confirmed?
- Method of payment:
- Cheque number Issued.....Date:
- Input:

PLEASE Tick

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FRN 213617

Registered Office: 229 London Road South, Lowestoft, Suffolk NR33 0DS.