

Clockwise

Leicester's Credit Union
20, Pocklingtons Walk, Leicester, LE1 6BU Tel 0116 247 1740 Email enquiries@clockwise-cu.co.uk
(Authorised & regulated by the Financial Services Authority)

APPLICATION FOR SHARE WITHDRAWAL

Name	Membership Number
Address	Date
Post Code.....	

Amount of Withdrawal £..... (in words)
Members Signature

- (Option 1) Please provide me with Cash
 - (Option 2) Please provide me with a cheque to collect
 - (Option 3) Please send the Cheque to my Home Address
 - (option 4) Please make a direct payment into my Bank Account No Sort Code-.....
- Bank Name..... Address.....

CONFIRMATION OF RECIEPT (option 1 or 2)
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Processed By

Date

