



R M T Credit Union Ltd

SHARE WITHDRAWAL FORM

Address: P.O. Box 252, Wisbech, PE14 4FX
E-mail: c.union@rmtcreditunion.co.uk
Tel: 0203 535 5820

First Name: _____

Surname: _____

National Insurance _____ or Credit Union Number: _____

Address: _____

_____ Post Code: _____

Amount to Be Withdrawn: _____ Date: ____/____/____

Signature: _____

Your Bank Details/ payment reference

Name Of Bank: _____ Name of Payee: _____

Sort Code: ____/____/____ Account Number: _____

Payment Reference _____

OFFICE USE ONLY

Share Account Balance: _____ Date: ____/____/____

Loan Balance: _____ Checked By (signature): _____