



# R M T Credit Union Ltd

## Application for Closure of Account

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

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

RMT Trade Union No: \_\_\_\_\_

I wish to close my RMT Credit Union Account and request a withdrawal of the closing balance:

Share Account No: \_\_\_\_\_ £ \_\_\_\_\_

Share Account No: \_\_\_\_\_ £ \_\_\_\_\_

**The withdrawal to be made by Directly into my bank account/ payment reference**

A Bank Name \_\_\_\_\_ Sort Code \_\_\_\_\_  
 Bank Account Name \_\_\_\_\_ Bank Account No: \_\_\_\_\_

B Payment Reference \_\_\_\_\_

To be read and completed by the member on closing their account.

I, (Insert Name) \_\_\_\_\_

Understand that, in withdrawing all my shares, that I am terminating my membership of the RMT Credit Union. I understand that only members are entitled to any dividend payments

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	Cheque Number:		Date:
	BACs No:		Date:
	Check payment cycle complete		Date:
Actioned by			Date: