



R M T Credit Union Ltd

Authorisation to Amend Account

Account No: _____ **Name:** _____

Tel No: _____

Please complete (* delete whichever is not applicable)

- I wish to * increase / reduce my monthly savings: -

Share Account _____ from £ _____ to £ _____

Share Account _____ from £ _____ to £ _____

- I wish to transfer sufficient funds from my Share Account Number _____ to clear my outstanding balance on Loan Account Number _____

- I wish to transfer £ _____ from my Share Account £ _____ to Account Number

In the name of _____ into Share Account

Signature: _____ **Date:** _____

For office use only:
Actioned:

Date: