



R M T Credit Union Ltd

Application for Closure of Account

Account No:

Name:

Station:

Address:

Telephone No:

RMT Trade Union No:

I wish to close my credit union account and therefore request a withdrawal for the closing balance.

Share Account _____ £ _____ Share Account _____ £ _____

The withdrawal to be made by:-

i **Cheque made payable to** _____

or

ii **Directly into my bank account**

Bank Name: _____ **Sort Code:** _____

Bank Account Name: _____ **Bank Account No:** _____

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

I, (name) _____

understand that, in withdrawing all my shares, I am terminating membership of this credit union. I understand that only members are entitled to ANY dividend payments.

Signature: _____

Date: _____

NB: All cheques will be sent to home address unless otherwise specified.

For office use only: Cheque No: _____ **Bacs No:** _____ **Date:** _____