



RMT CREDIT UNION LTD

## SHARE WITHDRAWAL FORM

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

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

National Insurance \_\_\_\_\_ Credit Union Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

**Amount to Be Withdrawn:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

Your Bank Details:

Name Of Bank: \_\_\_\_\_

Sort Code: \_\_\_\_/\_\_\_\_/\_\_\_\_ Account Number: \_\_\_\_\_

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**OFFICE USE ONLY**

Share Account Balance: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Loan Balance: \_\_\_\_\_ Checked By (signature): \_\_\_\_\_