



SHARE WITHDRAWAL APPLICATION (please provide Identification when submitting application)

Membership No.		Adult	Junior
Full Name	Mr/Mrs/Miss/Ms		
Address			
Telephone No.			
Email			

Please pay me the sum of	£
Saving Account	Regular Shares OR other

Payment Method	
Bank Payment	Sort Code:
	Account No:
	Bank Name:
	Name on Account:
Engage Card	Card No:
Bank Cheque	Payable to:

Junior Account Holders – Named Parent/ Guardian of Account to Complete	
I grant permission for _____ to withdraw £ _____ from his/her Caledonian Credit Union Junior Savers Account.	
Cash (please complete payment method above if cash not applicable)	
Print Name	
Signature	Date

For Office Use (complete when member present)			Day/Date	
Payment Method	Cash	Cheque Chq No:	Bank Payment Ref:	Engage Card
Witness				