



WITHDRAWAL REQUEST

REGULAR

SHARE 2

CHRISTMAS

HOLIDAY

Name in full

Member number

Amount

pounds p

£

Signature

Date.....

Date required

Please indicate how you would like to receive your money:

Collect from office

By Post

BACs

Collection point

Tick if you need a cheque made out to cash Written to

OFFICE USE ONLY

Processed by..... Date..... Batch no..... Cheque/BACs no.....

Harlowsave Credit Union Limited is authorised and regulated by the Financial Services Authority FRN 213271

**Please return this completed form to ;
Harlowsave Credit Union,
1st Floor, The Central Library
Cross Street, Harlow
Essex CM20 1QP**