

MEMBER DETAILS

Credit Union Account Number:	
Surname:	
First name:	
Address:	
Post code:	

WITHDRAWAL DETAILS

I wish to make a withdrawal from my Share Account.	
Please withdraw from my Share Account:	£
I would like to receive the money:	<input type="checkbox"/> by collecting from the main office <input type="checkbox"/> by post
Please make the cheque payable to:	

Member's signature:	
Date:	

Please return this form to:	Perth and Kinross Credit Union 58-60 George Street Perth PH1 5JL
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FOR OFFICE USE ONLY

Cheque number:	
Date paid:	
Share balance:	
Loan balance:	
Signed by member of staff:	