

WORKING FOR YOU



WORKING WITH YOU

**SHARE WITHDRAWAL FORM/ INTERNET**

NAME \_\_\_\_\_ IF C/O STATE NAME \_\_\_\_\_ C/U No \_\_\_\_\_

ADDRESS \_\_\_\_\_ CODE \_\_\_\_\_ NAT INS No \_\_\_\_\_

COMPANY \_\_\_\_\_ LOCATION \_\_\_\_\_ PAY REF: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMPLETE THIS SECTION FOR SHARE WITHDRAWAL FROM:**

Standard Account	<input type="checkbox"/>	(tick one)
Easy Saver Account	<input type="checkbox"/>	
Gold saver Account	<input type="checkbox"/>	
Platinum Account	<input type="checkbox"/>	

**I REQUEST:**

A SHARE WITHDRAWAL **NOT OVER £1,000** WITH AT LEAST **ONE WEEK'S NOTICE** AMOUNTING TO £ \_\_\_\_\_

A SHARE WITHDRAWAL **OVER £1,000** WITH AT LEAST **TWO WEEK'S NOTICE** AND AMOUNTING TO £ \_\_\_\_\_

A GOLDSAVER SHARE WITHDRAWAL WITH AT LEAST **THIRTY DAYS NOTICE** AND AMOUNTING TO £ \_\_\_\_\_

A FIRST GOLDSAVER SHARE WITHDRAWAL WITH AT LEAST **THIRTY DAYS NOTICE** AMOUNTING TO £ \_\_\_\_\_

A PLATINUM SHARE WITHDRAWAL WITH AT LEAST **SIXTY DAYS NOTICE** AMOUNTING TO ..... £ \_\_\_\_\_

**NOTE: SHARES IN YOUR CREDIT UNION MEAN - LONG TERM SAVINGS TO PROVIDE STABILITY. BARGAINING POWER TO OBTAIN LARGER LOANS. ANNUAL DIVIDEND PAYABLE ON YOUR SAVINGS LIFE INSURANCE COVER FOR YOUR NEXT OF KIN.**

My Bank details have not changed. .... <input type="checkbox"/>
My Bank details have changed and a new mandate has been provided..... <input type="checkbox"/>

**COMPLETE THIS SECTION IF ACCOUNT CLOSURE:**

I WISH TO CLOSE MY ACCOUNT  AND I HAVE NOTIFIED MY EMPLOYER TO STOP MY EARNINGS DEDUCTION, MY FURTHER INSTRUCTIONS ARE:

- PLEASE PAY ANY MONIES DUE TO ME WITHOUT DELAY. (UP TO TWO WEEKS)  
I UNDERTAKE TO CHECK AT A LATER DATE IF ANY RESIDUAL AMOUNT IS LEFT IN MY ACCOUNT.....  OR
- I WISH TO AWAIT ANY POSSIBLE RESIDUAL MONIES BEING ADDED BEFORE RECEIVING MY BALANCE  
I UNDERSTAND THIS MAY TAKE UP TO FOUR WEEKS.....

THE REASON FOR CLOSING MY ACCOUNT IS:

\_\_\_\_\_  
THANK YOU, WE ASK THIS QUESTION ONLY TO ENSURE THAT WE ARE MEETING OUR MEMBERS NEEDS

**COMPLETE THIS SECTION TO PERMIT PAYMENT INTO YOUR BANK ACCOUNT:**

PAYMENT DATE REQUESTED BY FRIDAY THE \_\_\_\_\_ OF \_\_\_\_\_ 201\_\_\_\_\_

I ACKNOWLEDGE RECEIPT OF SHARE WITHDRAWAL AS REQUESTED FROM SCOTTISH TRANSPORT CREDIT UNION LTD TO THE VALUE OF £ \_\_\_\_\_ SIGNED: \_\_\_\_\_

C.U. OFFICERS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**\*\* FOR YOUR PERSONAL SECURITY INCOMPLETE FORMS CANNOT BE PROCESSED \*\***  
**THE TRANSPORT CREDIT UNION**  
 186 ARGYLE STREET GLASGOW G2 8HA Tel: 0141 221 7474  
 (The Transport Credit Union is the Trading Name of Scottish Transport Credit Union Ltd)  
 "Authorised and Regulated by the Financial Services Authority FRN: 213869"