## **Bridgend Lifesavers Credit Union Ltd**



Head Office: 1/1A Caroline Street, Bridgend, CF31 1DN Telephone: 01656 667089 / 01656 729912 Email: info@blscu.co.uk Website: www.blscu.co.uk

## **Application for Share Withdrawal/Transfer**

Branch:	Date:
Name:	Membership No:
Place of work:	D.O.B or N.I
Home Address:	
Savings balance £	Loan balance £
I wish to withdraw the following amount £ from my member account. Please arrange for this payment to be made as indicated below:	
Cheque to be paid into Bank	
NB. Please note that we are no longer able to arrange f Note that cheques take 3 business working days before they	
Pre-paid Card	
Please load my card with specified amount Please allow up to 24 hours for transaction to be complete.	eted.
Bacs Transfer	
Please arrange for these funds to be transferred into my nominated bank account.  Please allow up to 2 business working days for the transfer to be completed.  To set up a Bacs facility on your account please contact one of the branches for more information.	
Cash Withdrawal (cash payments up to £100 only). Please allow to 24 ho	ours for collection.
Date member funds to be transferred/collected	
Funds to be collected at the following office	
Signed by	Dated
Print Name	Authorised by
For office use only	
Cheque Number Date che	eque issued
Bacs transfer date Bacs pr	rocessed date
Input by	

For Bacs Payments only	
Please provide your current bank account details.	
Banks name	
Bank branch (if known)	
Your Account Number	
Your Sort Code	
Title (name) of your account	
BLSCU will reserve the right to contact you to confirm your account details.	
I hereby authorise any BACS transfers to the above account until further notice. I understand that it is my responsibility to inform the Credit Union immediately of any changes to my bank account details.	
Signed Dated	
Print Name Membership no	
Account Closure Only  Diagon road the following statement before signing	
Please read the following statement before signing	
I understand that in withdrawing all of my shares, I am terminating my membership of the Bridgend Lifesavers Credit Union Ltd.	
Address:	
Signed: Date:	
Signed	
Share Transfer	
Transfer from Member No:	
To Member No: Share/Loan Account	
Amount to be transferred £	
Signed: Date:	
(BLSCU Officer)	