

Lewisham Employees' Credit Union
(CROWNSAVERS)
Lewisham Town Hall
Catford SE6 4RU
Tel 020 83148855 Fax 02086906039

SHARE WITHDRAWAL APPLICATION FORM

Please read carefully and complete in full

N.B We process all Share Withdrawals on Wednesdays

Membership Number

Date

Surname _____ Forename (s) _____

Home Address _____ Post Code _____

Home telephone no. _____

Work Department _____ Work Tel/Ext. _____

I believe my current share balance is my outstanding loan balance is

**I understand that if I withdraw all my shares, I am ending my membership of this Credit Union.
I have/ have not ended my membership with this withdrawal (please delete as appropriate). I request that any
dividend/withdrawal cheque be send to:** _____

Payment by *Cheque*

Please issue me a *cheque* for £..... Signed

As two authorized signatures are required, please allow up to five working days for your cheque to be ready for collection, or to be sent to you. Thank you.

Payment by *BACS*

Payment can be made directly into your bank account

I authorize you to credit my account Signed _____

Print name _____

For payment into your bank account, please complete in full:- Amount £.....

A/c Name.....Sort Code..... Account number.....

Name of Bank.....Bank Address.....

OFFICE USE ONLY

Membership no. Amount withdrawn £ Cheque No:

Present share holding £ Loan Balance £

Authorized By:
Finance Officer _____ Board Signatory

Date cheque send out/ collected by: _____ Has withdrawal ended membership? Yes No