

Young Saver Withdrawal

Gateway Credit Union Ltd. • 21 Commercial Street, Pontypool, Torfaen, NP4 6JQ
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Please complete the following in **BLOCK CAPITALS**

Membership No:

Title:

Surname:

Forename(s):

Address:

Postcode:

Tel:

Email:

Are you happy to receive information and statements by email instead of post?
(Please note we will not disclose your details to any third parties)

Yes

No

NB: You are required under the current savings policy to maintain a minimum savings balance of £3.00

Savings Balance:

£ :

Amount to be withdrawn:

£ :

in words

How would you prefer your withdrawal to be processed?

Bank Transfer:

Bank Name:

Account Name:

Sort Code:

A/C No:

Please register these bank details for future use

Don't register these bank details for future use

Cheque:

Who would you like the Cheque made payable to?

Please sign below to confirm your withdrawal

Junior member signature:

Date:

Authorised adult signature:

Date: