



Community Account Share Withdrawal Form

Smart Money Cymru Community Bank
64-66 Cardiff Road
Caerphilly
CF83 1JQ
Tel: 02920 883751
E-mail: info@smartmoneycymru.co.uk

Membership Number: _____

Please complete the following in BLOCK CAPITALS

Organisation name: _____ Email: _____

Address: _____

Postcode: _____ Telephone No: _____

NB: You are required under the current savings policy to maintain a minimum savings balance of £5.00

Savings Balance: £ _____ : _____ Amount to be withdrawn: £ _____ : _____

In words _____

How would you prefer the withdrawal to be processed? Cheque / BACS payment

Cheque: Who would you like the Cheque made payable to? _____

Where would you like to cash the cheque? _____

Would you like the cheque posted to the registered address? **Yes / No**

Bank Transfer: to your nominated bank account? Name of Account: _____

Sort Code: _____ Account Number: _____

Please sign below in accordance with your rules to confirm your withdrawal

First Signature: _____ Date / / Second Signature: _____ Date / /

Third Signature: _____ Date / / Fourth Signature: _____ Date / /

Office use only

Approved by: _____ Date: / / Cheque no: _____

BACS completed by: _____ Date: / / BACS Payment ID No: _____ Date: / /