

WORKING FOR YOU



WORKING WITH YOU

ACCOUNT CLOSURE FORM

**** FOR YOUR PERSONAL SECURITY INCOMPLETE FORMS CANNOT BE PROCESSED ****

Name _____ Credit Union No. _____ Date of Birth ____/____/____

Address _____ Postcode _____

Employer _____ Workplace Location _____ Payroll No. _____

Mobile No. _____ Email Address _____

Must tick a box: **My Bank details have not changed** **My Bank details have changed and a new mandate SIGNED**

COMPLETE THIS SECTION FOR ACCOUNT CLOSURE:

I do not have a loan and wish to close my credit union account ceasing membership forthwith and requesting all my shares to be returned to me, I understand I will have no further right to any dividends that may have been due to me as a member.....

I have submitted a new zero earnings deduction form to cease my credit union payments.....

The reason for closing my account is: _____

Thank you, we ask this question only to ensure that we are meeting our members' expectation of us

COMPLETE THIS SECTION TO PERMIT PAYMENT INTO YOUR BANK ACCOUNT:

Share withdrawals are normally processed up to 1pm Monday to Friday for payment into members Bank accounts within two working days, or you can request a later date below:

Please state payment date requested ____/____/____

<p>For Office use only</p> <p>Amount processed:-</p> <p>£ _____</p>

Member's Signature _____ Date ____/____/____

Note: You can SCAN and email the completed, hand-signed form to shares@transportcu.co.uk and call 0141 221 7474 to confirm receipt. Or just post the form directly instead to the Office.

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 by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority FRN: 213869"

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MEMBERSHIP No (office use only) _____

EARNINGS DEDUCTION FORM

(Please complete in black ink only)

I(print) _____ Full Pay Ref _____ Company _____

Occupation _____ Location _____

request an earning deduction change from the next relevant date, from £ _____ to £ _____ 0 _____:

weekly 2 weekly 4 weekly monthly and to be forwarded to the Transport Credit Union on my behalf.

I agree that this form is not valid without being countersigned and stamped by the Credit Union*

Member Signature: _____ Date: _____

*Signed: _____ on behalf of the Credit Union

Note: please return this and any other forms to the Transport Credit Union, 186 Argyle Street, Glasgow, G2 8HA. Alternatively where there is a local CU Employee Representative, he/she can process the form for you instead.

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