

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 authorise the credit union to contact my payroll department 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 ____/____/____

For Office use only
Amount processed:-

 £ _____

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.