



The Transport Credit Union, 186 Argyle Street, Glasgow,
G2 8HA

Member Services Department
0141 221 7474, **Option 1**
shares@transportcu.co.uk

Working For you, Working With You

ACCOUNT CLOSURE FORM

For Office use only

Amount processed: £ _____

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

Address _____ Postcode _____

Employer _____ Workplace Location _____ Payroll No _____

Mobile No _____ Email Address _____

Please tick a box: My bank details have **not** changed

My bank details **have*** changed

**A new signed bank mandate required*

Complete this section for account closure:

I do not have a loan and wish to close my credit union account. I understand this will cease my membership forthwith and all shares will be paid to me. I understand this means I will have no further right to any dividends that may have been due to 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 we are meeting members' expectations.

Share withdrawals are processed Monday to Friday, normally up to 1:30pm for payment into your bank account within two working days, or you can request a specific date below:

Please state payment date requested: ____/____/____

Member's Signature _____ Date ____/____/____

Note: You can email the completed, hand-signed form to shares@transportcu.co.uk or just post the form directly instead to the office.