

# Share Withdrawal Request

SHARE  1  2  3  4  5  6

Member Name in full

Member Number

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Payee Details

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Amount in Words

	pounds	p	£
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Please choose one option by ticking a box

<input type="checkbox"/> CU card	<b>Harlowsave use: transaction code</b> _____
<input type="checkbox"/> Bank Transfer : Sort code ____/____/____	Account No. _____

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date required \_\_\_\_\_

**Harlowsave purposes:** \_\_\_\_\_ **processed by** \_\_\_\_\_ **date put onto Curtains** \_\_\_\_\_

Registered Office: The Central Library, Harlow CM20 1HA. Harlowsave Credit Union Limited is authorised & regulated by the FCA/PRA, Firm Number 213273

Please return this to the Harlowsave Offices

**Harlowsave Credit Union**  
**First Floor**  
**The Central Library**  
**Harlow**  
**Essex**  
**CM20 1HA**