Hillingdon Credit Union Ltd

Credit Union Office, Civic Centre High Street, Uxbridge, UB8 1UW 201895 250958 Fax 01895 250951



Website: www.hillingdoncu.co.uk

Email: info@hillingdoncu.co.uk

APPLICATION FOR SHARE WITHDRAWAL

Please note that ONLY SHARES OVE current loan balance can be w	
Membership No: Name:	
Date:	
Savings Balance: Loan Balance:	
Please debit my account with £ and issue me w	ith:
A cheque payable to:	or
Transfer funds to the following bank account:	
Bank Name:	
Sort Code: Account No:	or
Transfer to Credecard:	
Member's Signature:	
Approved by:	(for Board of Directors)
Date of Cheque/Transfer No:	