

FOR GCU US	SE ONLY:
PAY REF. DATE BATCH NO	

Share Withdrawal Form

Member No			
Member Name			
☐ Please post a cheque☐ Please pay into my bank	account with details	s:	
Sort code	Account	no	
Amount Required £		Date required	
(Please allow time for postage/cle	earing)		
Signature		Date	
TO BE READ AND COMPLETED BY	MEMBER IF LEAV	'ING GRAMPIAN CREDIT UNION:	
I (name) , (address) understand that in withdrawing all my sha surrendering my rights to all its benefits.	ares, I am terminating	my membership of Grampian Credit Union and orejoin in future.	t
Signature	—— Date	Witness	

Regards

On behalf of Grampian Credit Union Limited