



WITHDRAWAL REQUEST BANK PAYMENT

Form No FW1
Issue 6 – April 2022

Member Name:

Member No:

Amount to be withdrawn (in figures): £
(in words):

Date Funds Required:

BANK DETAILS

Bank Account No:

Bank Sort Code:

PROCESSED:

UNITY - Date

CURTAINS - Date

Signature:

Date:

Checked by:

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Registered Office: Curborough Community Centre in Reynolds Close, Lichfield WS13 7NY.

Telephone: 01543 415032

Email: info@fusioncreditunion.co.uk



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