



# Money Box

Credit Union

## Junior Saver Withdrawal Request

PLEASE COMPLETE THIS FORM IN FULL

Date	Member No.
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Name <small>(PLEASE PRINT IN CAPITALS)</small>
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Amount requested	£	For office use only: Cashier
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Junior Member's signature:	Date:
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Adult's signature: <small>(if applicable)</small>	Date:
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Would you like a

Cheque payable to you in your name

Money transferred directly to your Bank Account. (The funds should be in your account within 24 hours.) Please complete the following details:-

Bank Name
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Bank Address
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Account in the Name of
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Bank Account No.	Sort Code
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**NOTE:** If you have not returned 2 copies of your ID to our office you may be asked for proof of your identity at a collection point or it will be necessary for you to send copies with this request.

For office use only: Signature checked by:	ID examined Date:
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