

# Funds Withdrawal Form



## Section A Account Details

Member Name:

Membership No.:

## Section B Transfer Details

I/We wish to withdraw the sum of

€

FROM my/our

Account name\*:

If from Budget Account, state item code:

\*If the withdrawal is from the share A/C and the share balance falls below €7,700 this could affect your insurance cover. See website for details [www.savvi.ie](http://www.savvi.ie) or call us on 01 632 5100.

Also note that the Credit Union may require you to forward proof of ID and current address as per the Criminal Justice (Money Laundering & Terrorist Financing) Act 2010.

## Section C Signature

**First Member**

Signature:

Date: / /

**Second Member** (if joint account)

Signature:

Date: / /

*Note: This is in accordance with Joint Account mandate, where applicable.*

## Section D Payment Method

**Preferred Payment Option** (please tick one - if an Authority and Indemnity form is held by the CU, the payment will automatically be made by EFT unless specified otherwise)

EFT (A fully completed Indemnity & Authorisation form is required for EFT services – see [www.savvi.ie](http://www.savvi.ie) or call a member of staff for details on 01 632 5100)

Cheque

Made payable to

Cheque

Made payable to

Cheque collection, please advise:

Home Address  Collect  Other

If other, please state collection point:

## Office Use Only

Approved By:

Cheque No.:

Date: / /

Balance prior to withdrawal

Account name:

€

Account name:

€



Need some help with this form?

Call us on 01 - 632 5100 or email us at [hello@savvi.ie](mailto:hello@savvi.ie)

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