

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 €3,000 this could affect your insurance cover. See website for details 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 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

Savvi Credit Union Ltd is regulated by the Central Bank of Ireland.
Registered in Republic of Ireland: Register No. 275CU, 27/28 Herbert Place, Dublin 2, D02 DC97

Tel: 01 632 5100
Fax: 01 632 5133

www.savvi.ie