

# 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](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)

Savvi Credit Union Ltd is regulated by the Central Bank of Ireland.

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[www.savvi.ie](http://www.savvi.ie)