

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 (Shares/Online access/Budget)*:

If from Budget Account, state item code:

***If the withdrawal is from a Share or Online Access account and the cumulative 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.**

If closing account: closed accounts will not receive a dividend/interest rebate for the financial year of the account closure, payment of same can be requested in writing after the annual dividend has been posted.

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) Acts 2010 to 2021.

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.
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