



Junior Saver Withdrawal Request

PLEASE COMPLETE THIS FORM IN FULL

Date	Member No.
------	------------

Name <small>(PLEASE PRINT IN CAPITALS)</small>
--

Amount requested	£	For office use only: Cashier
------------------	---	---------------------------------

Junior Member's signature:	Date:
----------------------------	-------

Adult's signature: <i>(if applicable)</i>	Date:
---	-------

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

Bank Address

Account in the Name of

Bank Account No.	Sort Code
------------------	-----------

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:
---	----------------------