

REQUEST TO TRANSFER FUNDS TO MEMBER'S BANK ACCOUNT

Name: _____ Membership Number: _____

Address: _____

Member Signature: _____ Tick if phone request

Your Bank: _____

Sort Code: _____ - _____ - _____ Account Number: _____

Amount to be transferred: £ _____

Frequency: Monthly 4-Weekly Fortnightly Weekly Once

Commencing: _____ (day) _____ (date)

For Office Use

Banking Spreadsheet Scanned Initials _____

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

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