



<b>BRANCH:</b>			<b>ACC. #:</b>
ARIMA <input type="checkbox"/>	POS <input type="checkbox"/>	TOBAGO <input type="checkbox"/>	

## WITHDRAWAL FORM

PERSONAL DATA			
<b>FIRST NAME:</b>		<b>SURNAME:</b>	
<b>MIDDLE INITIALS:</b>			
<b>ADDRESS:</b>			
<b>ID #:</b> DP <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/>		<b>CONTACT Nos.:</b>	
		(C) (EMAIL)	

TRANSACTION DETAILS			
<b>ACCOUNT:</b> (Please state the amount being withdrawn from each account)			
Share Savings <input type="checkbox"/>	Deposit Savings <input type="checkbox"/>	Bridging <input type="checkbox"/>	FlexDeposit <input type="checkbox"/>
(\$ )	(\$ )	(\$ )	(\$ )
PAYMENT METHOD:			
ACH <input type="checkbox"/>	Cash <input type="checkbox"/>	Deposit <input type="checkbox"/>	Cheque <input type="checkbox"/> ( PAYEE'S NAME )
<b>WITHDRAWAL AMOUNT:</b> (Please state the amount requested in <u>words</u> )			
(\$ )			

REASON FOR WITHDRAWAL/REQUEST DETAILS
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\_\_\_\_\_

**MEMBER'S SIGNATURE**

(dd/mm/yyyy)

\_\_\_\_\_

**DATE**

FOR OFFICIAL USE ONLY					
<b>SHARE BALANCE:</b>			<b>DEPOSIT BALANCE:</b>		
\$			\$		
<b>FLEX DEPOSIT BALANCE:</b>			<b>LOAN BALANCE:</b>		
\$		\$	\$		\$
<b>ACCOUNT IN ARREARS:</b>			<b>AMOUNT IN ARREARS:</b>		
Loan	FIP:	G/Health	Loan	FIP	G/Health
<b>COMMENTS:</b>					
<hr/> <hr/>					
<b>PREPARED BY:</b> (TELLER ID )		<b>SIGNATURE:</b>		<b>DATE:</b>	
				(dd/mm/yyyy)	
<b>APPROVED BY:</b>		<b>SIGNATURE:</b>		<b>DATE:</b>	
				(dd/mm/yyyy)	
<b>PROCESSED BY:</b> (TELLER ID )		<b>SIGNATURE:</b>		<b>DATE:</b>	
				(dd/mm/yyyy)	