



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

ACH WITHDRAWAL TRANSFER REQUEST

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

TRANSFER DETAILS			
ACCOUNT: (Please state the amount being withdrawn from each account - minimum \$1,000)			
Share Savings <input type="checkbox"/>	Deposit Savings <input type="checkbox"/>	Bridging <input type="checkbox"/>	FlexDeposit <input type="checkbox"/>
(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
TRANSFER AMOUNT: (Please state the total amount in <u>words</u>)			(\$ _____)

BANKING DATA		
BANK NAME:	LOCATION:	ACCOUNT No.:
NAME/S ON BANK ACCOUNT:		

REASON FOR WITHDRAWAL/REQUEST DETAILS

SIGNATURE

DATE

I certify that the information provided by me/us is true and correct, to the best of my/our knowledge, information and belief.
I assume all responsibility for any and all risks involved with and/or arising from the provision of an incorrect Account number to RHAND Credit Union including, but not limited to, the transfer of any funds to an incorrect Account number and hereby completely release and discharge the Credit Union from any and all claims and/or liability, so arising.

FOR OFFICIAL USE ONLY					
SHARE BALANCE:			DEPOSIT BALANCE:		
\$ _____			\$ _____		
FLEX DEPOSIT BALANCE:			LOAN BALANCE:		
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ACCOUNT IN ARREARS:			AMOUNT IN ARREARS:		
Loan	FIP:	G/Health	Loan	FIP	G/Health
COMMENTS:					
WITHDRAWAL PREPARED BY: (TELLER ID _____)		SIGNATURE:		DATE:	
				(dd/mm/yyyy)	
WITHDRAWAL APPROVED BY:		SIGNATURE:		DATE:	
				(dd/mm/yyyy)	
				(dd/mm/yyyy)	
				(dd/mm/yyyy)	
ACH ENTERED BY: (TELLER ID _____)		SIGNATURE:		DATE:	
				(dd/mm/yyyy)	
ACH APPROVED BY: (TELLER ID _____)		SIGNATURE:		DATE:	
				(dd/mm/yyyy)	
ACH RELEASED BY: (TELLER ID _____)		SIGNATURE:		DATE:	
				(dd/mm/yyyy)	