RHAND Credit Union
Co-operative Society Limited

RHAND FIRST

	BRANCH:		ACC. #:
ARIMA POS SAN FERNANDO TOBAGO ☐			

WITHDRAWAL FORM

PERSONAL DATA

FIRST NAME:	SURNAME	MIDDLE INITIALS:

ADDRESS:

ID #: DP ☐   ID ☐   PP ☐   PIN ☐

CONTACT:

(C)   (EMAIL)

TRANSACTION DETAILS

ACCOUNT: (Please state the amount being withdrawn from each account)

Share Savings ☐   Deposit Savings ☐   Bridging ☐   FlexDeposit ☐

($)   ($)   ($)   ($)

WITHDRAWAL AMOUNT: (Please state the amount requested in **words**)

($)

PAYMENT METHOD:

ACH ☐   Deposit ☐   Cash ☐   Cheque ☐ (   )

BANKING DATA

BANK NAME:	LOCATION:	ACCOUNT No.:

NAME/S ON BANK ACCOUNT:

REASON FOR WITHDRAWAL/REQUEST DETAILS

☐ 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.

_____
SIGNATURE

_____
DATE

FOR OFFICIAL USE ONLY

SHARE BALANCE: $	DEPOSIT BALANCE: $

FLEX DEPOSIT BALANCE:

			LOAN BALANCE:		
$	$	$	$	$	$

ACCOUNT IN ARREARS:

Loan	FIP:	G/Health	AMOUNT IN ARREARS:		
			Loan	FIP	G/Health

COMMENTS:

WITHDRAWAL PREPARED BY: (TELLER ID)	SIGNATURE:	DATE: (dd/mm/yyyy)
WITHDRAWAL APPROVED BY:	SIGNATURE:	DATE: (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)

Form: T1 Rev: 2024/10