



RHAND Credit Union Co-operative Society Limited
 57-61 Abercromby Street, Port of Spain, Trinidad W.I. Tel. 623-5920, 624-8708/9, 627-4263
 Email: info@rhand.org.tt Website: rhand.org.tt
 Registered No. 38 on 27th, March 1947

REQUEST FOR THE WITHDRAWAL OF FUNDS
FROM TIME DEPOSIT HOLDINGS

NAME OF MEMBER..... Account#.....

I hereby request the withdrawal of \$.....from my Time Deposit Holdings in the Credit Union.

The reason for this withdrawal is

.....
 Signature of Member I.D./ D.P./P.P. # Date

Telephone Contact:.....
 (Home) (Office) (Cellular)

FOR CREDIT UNION USE ONLY

Share Balance	\$.....	Time Deposit 1.	\$.....
Saving Deposit Balance	\$.....	Time Deposit 2.	\$.....
Loan Balance	\$.....	Time Deposit 3.	\$.....
Arrears of Interest	\$.....	Time Deposit 4.	\$.....

Remarks.....

Approved

.....
 Finance Manager- (Deposits Under \$100,000.00)

.....
 General Manager- (Deposits \$100,000.00 and Over)