



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

WITHDRAWAL FORM

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

| TRANSACTION DETAILS | | | |
|--|--|-----------------------------------|--------------------------------------|
| ACCOUNT: (Please state the amount being withdrawn from each account) | | | |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"/> | Cheque <input type="checkbox"/> | PAYEE'S NAME () |
| WITHDRAWAL AMOUNT: (Please state the amount requested in <u>words</u>) | | | (\$) |

| REASON FOR WITHDRAWAL/REQUEST DETAILS |
|---------------------------------------|
| <hr/> <hr/> <hr/> |

MEMBER'S SIGNATURE

(dd/mm/yyyy)

DATE

| 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: | | | | | |
| <hr/> <hr/> | | | | | |
| PREPARED BY: (TELLER ID) | | SIGNATURE: | | DATE: | |
| | | | | (dd/mm/yyyy) | |
| APPROVED BY: | | SIGNATURE: | | DATE: | |
| | | | | (dd/mm/yyyy) | |
| PROCESSED BY: (TELLER ID) | | SIGNATURE: | | DATE: | |
| | | | | (dd/mm/yyyy) | |