



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ACCOUNT: (Please state the amount being withdrawn from each account)			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"/>	Deposit <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
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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)	