



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ACCOUNT: (Please state the amount being withdrawn from each account)			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

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 incorrect or invalid banking data, including account number and or name(s) on bank account to RHAND Credit Union including, but not limited to, the transfer of any funds to a bank account with incorrect or invalid banking data, including account number and or account name(s) and hereby completely release and discharge RHAND Credit Union from any and all claims and/or liability, that may so arise.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
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:					
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)	