

SHARE / FLEXI ACCOUNT WITHDRAWAL APPLICATION

Member Number:

PLEASE FILL IN BLOCK CAPITALS

1. MEMBER DETAILS		
Name	S	urname
Current Address		s Address
(include Eircode)	(if less th years cur	
	address)	
Home Number		Mobile
Email		
2. WITHDRAWAL DETAILS		
Please issue the sum	n of €	
In the form of:	a) A cheque. Made payable to	_
a) Lodge to my bank current account		
3. BANK ACCOUNT DETAILS		
Bank Name		
Branch Address		
Account Name		
IBAN		
BIC		
4. AUTHORISATION		
Member's Signature		Date
5.TO BE COMPLETED BY PARENT(S) / GUARDIAN(S) WHERE MEMBER IS UNDER AGE 16		
I (we) are the parent(s) or guardian(s) nominated to operate this account while the member is under age 16. I (we) acknowledge that the funds in the		
above named account are the sole property of the above named minor. I (we) confirm that all funds withdrawn, whether today or in the future and whether withdrawn solely or jointly with the minor, will be applied for the sole benefit of the minor. (Note: Minors who have reached age 7 will normally co-sign for any withdrawals).		
Signature of parent/	/guardian Pri	int Name
Signature of parent/guardian Print Name		
OFFICE USE ONLY		
Approved by	Date	Cheque No

Public Service Credit Union Ltd is regulated by the Central Bank of Ireland. Reg No. 455

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