



Hillingdon Credit Union Ltd

**Credit Union Office, Civic Centre, High Street, Uxbridge, Middlesex, UB8 1UW
Tel : 01895 250958 Fax: 01895 250951 Web-site: www.hillingdoncu.co.uk**

JUNIOR APPLICATION FOR SHARE WITHDRAWAL

Membership No: **Name:**

Date: **Tel No:**

Savings Balance:

Loan Balance:

Please debit my account with £ and

Issue me with a cheque payable to:

Or

Transfer funds to the following account:

Bank Name:

Account Number: Sort Code:

Junior Member's Signature:

Parent/Guardian's Signature:

Adult Savers Signature :
If required

Approved by: (for Board of Directors)

Cheque/Transfer No:

Date of Cheque/Transfer:

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority – Firm No 213406