

## Junior Savings Withdrawal Application

### Junior Details

Membership No	<input type="text"/>	Full Name	<input type="text"/>
Date of Birth	<input type="text"/>		

### Parent/Guardian Details

Full Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Town/City	<input type="text"/>	Post Code	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Date of Birth	<input type="text"/>
Amount*	£ <input type="text"/>	Bank Sort Code	<input type="text"/>
		Account No	<input type="text"/>

\* We can only provide withdrawals to a Bank Account. For Cash Withdrawals, please visit an office for the "over-the-counter" service.

Close Account  Yes  No

I understand the details I have supplied above will be used for identity verification.

I understand that, if the balance of the account falls below £1, the account will automatically close

Parent/Guardian Signature	<input type="text"/>	Date	<input type="text"/>
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### FOR OFFICE USE ONLY

Share Balance Before Withdrawal	£ <input type="text"/>	Share Balance After Withdrawal	£ <input type="text"/>
Signature of Officer	<input type="text"/>	Date	<input type="text"/>

Registered Office: 14 Cumberland Street, Devonport, Plymouth, PL1 4DX Registered Number IP00511C  
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