



TRANSFER REQUEST FORM

Form No FTR1
Issue 2

Please transfer the following amount of my Credit Union shares

| | | |
|------------------------|----------|------------------|
| Amount in Words | £ | (Figures) |
|------------------------|----------|------------------|

| | |
|---------------------|-----------------------|
| Members Name | Account Number |
|---------------------|-----------------------|

| | | |
|-------------------------------------|-----------------|--------------|
| Account to be Debited (from) | SAVINGS* | LOAN* |
| Account to be Credited (to) | SAVINGS* | LOAN* |
| *Delete as appropriate | | |

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

| | |
|-----------------------|--------------------|
| FOR OFFICE USE | |
| Checked by | (Signature) |

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Registered Office: The Old Mining College Centre, Queen St, Chasetown, Staffordshire, WS7 4QH
Telephone Number: 01543 415032 Email: info@fusioncreditunion.co.uk Visit us at www.fusioncreditunion.co.uk