



TRANSFER REQUEST FORM

Form No FTR1
Issue 4 – May 2018

Please transfer the following amount of my Credit Union shares

Amount in Words	£	Figures)
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Members Name	Member Number
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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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