

Withdrawal / Notification Form

Withdrawal form for Ethical Easy Access Account (Personal)



Please complete in block capitals and return this form to:
Charity Bank, Fosse House, 182 High Street, Tonbridge, Kent TN9 1BE
Tel: 01732 441944 Email: enquiries@charitybank.org

1. Account number

2. Notification information

Ethical Easy Access account holders

Please tick box if requesting an immediate withdrawal (no loss of interest)

3. Withdrawal by Faster Payment

Withdrawals are available to your Nominated Account or another Charity Bank savings account held in your name.

Business Day cut-off time for same day processing 11.30 a.m.

Account holders name

Amount

£ (minimum £25.00) or;

Tick box if all funds are to be withdrawn and the account is to be closed

Please note once a transfer has been processed it can't be stopped.

4. By Internal Transfer

To the following Charity Bank savings account:

Account number

5. Signatures

I/We request a withdrawal, internal transfer or closure in accordance with the Terms of our account and Mandate

Signature one

Signature two

Date

 / /

Please note that your instructions can only be carried out if you have signed this form in accordance with your mandate and have returned it. We will accept scanned copies.

As part of our commitment to providing a secure service to our savers, for Ethical Easy Access accounts we request that you provide a Memorable Word which will assist members of our staff in verifying any account holder(s) providing us with an instruction.

On receipt of your instruction we will contact you to ask you for two characters from your Memorable Word prior to facilitating the handling of your request.

6. Change of address notification

Account(s) in the name(s) of

Please list all your account numbers

Account number

Please note that with effect from (date)

 / /

my/our new address will be

Address

Postcode

Telephone

Email

Signature one

Signature two

Date

 / /

7. Change of name notification

Please list all your account numbers

Name of account holder

I, hereby notify Charity Bank that with effect from

Date

 / /

I wish to be known as

and authorise you to alter your records

I enclose a copy of my (please tick)

marriage certificate

change of name deed

as confirmation of my change of name.

Old Signature

New Signature

Date

 / /

8. For office use only

Actioned by:

Date

 / /

Please note for security reasons requests to change names and addresses will not be processed at the same time as requests to withdraw funds