

|                                                                                                                         |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Organisation                                                                                                            | Member number                                                                            |
| Address                                                                                                                 |                                                                                          |
| Postcode                                                                                                                |                                                                                          |
| Contact details (useful if we have a query)                                                                             |                                                                                          |
| We wish to withdraw the sum of                                                                                          | £ . from our Community Account                                                           |
| <input type="checkbox"/> Pay us by faster payment transfer ⇒<br><input type="checkbox"/> Cash Withdrawal (limits apply) | <b>Bank Name:</b><br><b>Account Name:</b><br><b>Sort code:</b><br><b>Account Number:</b> |
| Signature                                                                                                               | Date                                                                                     |
| Print Name                                                                                                              |                                                                                          |
|                                                                                                                         |                                                                                          |
| Signature                                                                                                               | Date                                                                                     |
| Print Name                                                                                                              |                                                                                          |
|                                                                                                                         |                                                                                          |
| Signature                                                                                                               | Date                                                                                     |
| Print Name                                                                                                              |                                                                                          |
|                                                                                                                         |                                                                                          |
| Signature                                                                                                               | Date                                                                                     |
| Print Name                                                                                                              |                                                                                          |

| For Office Use:              | Initials | Date |
|------------------------------|----------|------|
| <b>Signature Verified.</b>   |          |      |
| <b>Recorded on curtains.</b> |          |      |