



# STAFF OF HOPE CREDIT UNION

## CO-OPERATIVE SOCIETY LIMITED

Eric Williams Medical Sciences Complex, Champs Fleurs, Trinidad and Tobago  
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### WITHDRAWAL FORM

#### MEMBER DETAILS

Date (DD/MM/YYYY):

Name of Member:

Member No.:

#### WITHDRAWAL REQUEST

I hereby apply to withdraw funds from the following account:

Share Account \$:

Deposit Account \$:

TOTAL WITHDRAWAL \$:

#### BANK ACCOUNT INFORMATION (FOR ACH TRANSFER)

ACH Bank:

Branch:

Account No.:

Signature of Member:

Approved by Credit Committee:

#### FOR OFFICIAL USE ONLY

Cheque or ACH Amount \$:

Balance \$:

Cheque No.:

Cheque Date / Transferred (DD/MM/YYYY):

Received by:

Identification Verified:

ID  DP  PP

No.: