

Withdrawal Request

Please complete if

- you wish to make a withdrawal by post by cheque
- you wish to authorise someone else to make a cash withdrawal from your account
- not all the signatories required to make the withdrawal can attend the Society's office.

The passbook relative to the account must accompany this completed form.

Account Details

Account Number _____ Name(s) _____

Telephone Number (Daytime) _____

Type of Withdrawal

Cheque withdrawal Cheque sent to _____

Transfer to Ipswich Building Society Account No. _____

Third Party cash withdrawal

I/we the undersigned authorise the Society to allow (please enter name) _____
to withdraw from my/our account the amount specified below.

*Identification of the person named will be required and must sign at the time the withdrawal is made. Amount not to exceed £200 per week.
The passbook will be returned by post to the account holder after the transaction has been made.*

Amount of Withdrawal

Closure (automatically includes interest)

Warning: Closure of this account may terminate your shareholding membership of the Society.

Partial Amount (figures) £ _____ (words) _____

Cash Cheque Cheque payee _____

Signatures

Account holders _____ Date _____

_____ Date _____

Third Party _____ Date _____
