		Wi	Share thdrawal Form		Solway credit
Member's Name					
Membership Number				Date	
I wish to withdraw	In Words				
Share Balance per ledger					
I wish to receive this withdrawal	by	Cheq	ue payable to		
		Bank	Transfer	Bank Name	
				Sort Code	
				Account Number	
Signature		Date			
I acknowledge receipt £			cheque		
Signature			1	Date	
			-		
Office Use only					
Date Received					
Balance Checked					
Cheque No.					
Authorised by					
Input					