

Account Closure Request

NORTH LONDON
Credit Union



(North London Credit Union Limited)

Member Details

Credit Union Membership number _____

Title _____ Forename _____ Surname _____

Home Address _____

Postcode _____ Telephone _____

Please CLOSE my Credit Union Savings account and send the balance by:

Cheque in favour of _____

Bank transfer to Sort Code Account No:

Account Name: _____

Reason for Closure: _____

Signature _____ Date _____

Please note you will probably receive money sent by bank transfer much quicker than cheque payments, and money sent by bank transfer will arrive in your account as cleared funds. We endeavour to process withdrawal requests within two working days, and transfers to most banks arrive within two hours of us sending them. Please call us if you require further information.

Please ensure that you cancel any standing orders you are paying to the North London Credit Union.

Please send completed form to:

North London Credit Union, 3 George Mews, Enfield, Middlesex EN2 6JA

If you would like to fax this form to us please telephone for our fax number, quoting your membership reference.

Official Use Only

Share balance _____ Loan balance _____

Authorised by _____ Date _____

Sent by BACS/Cheque number _____