



Workmen's Circle Credit Union
527 Stephenson Avenue, Suite 2, Savannah, GA 31405
Tel: 912-356-9225 | Fax: 912-356-9226
workmenscirclecu.com

Savings Account Withdrawal Form

Check Transfer or Close Account Date: _____
Payable to: Member and / or _____
_____ DOLLARS (\$) _____
Written Dollar Amount

Account No: _____ Member Name: _____

If Transfer - Transfer to Account No: _____

(Please sign and return to us.) _____
(Depositor's Signature)

NOT NEGOTIABLE

Withdrawals may be made only through payment to the Depositer.

Instructions for delivery of Check:

The check will be picked up at the Credit Union at _____ on ____/____/____.

The check shall be mailed to the member's latest address on file by the Credit Union.
If the member desires the check to be mailed to a different address, a signed authorization with a complete address must be received before the check can be mailed.

Other Instructions:

Credit Union Use Only

Withdrawal Authorized/Verified Member Identity: _____

Check Disbursed/Transferred by: _____ Check No: _____