

# Diocesan multiple withdrawal form

**⚠ Important information**

**Please read before completing this form.**

Please call our Client Services Team on freephone **0800 022 3505** if you have any questions about this form or would like to discuss any additional support needs. Please note that telephone calls are recorded. If being completed by hand, please use black ink and write in BLOCK CAPITALS.

All pages of this form should be returned to **CCLA, PO Box 12892, Dunmow, Essex CM6 9DL**. Alternatively, a PDF version of the form can be sent to **cclaclientservices@fnztaservices.com** if an email instructions authority is in place.

If you are sending your instruction by email, please do not send the original documentation in the post and do not resend the email and/or the attachment as your instruction may be processed again.

Date (dd/mm/yyyy)

Church/Charity name

Please WITHDRAW from the following accounts:

**Transaction 1**

Your CCLA account number Amount

<b>C</b>	£
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Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 2**

Your CCLA account number Amount

<b>C</b>	£
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Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 3**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 4**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 5**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 6**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 7**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 8**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 9**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Transaction 10**

Your CCLA account number Amount  
 £

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

**Total amount in words**

**Total amount**  
**£**

**and pay the total amount (please tick one option):**

by bank transfer to nominated bank account

**OR**

to another CBF Church of England Deposit Fund account number in the charity's name

The transaction(s) will be processed as detailed in the fund's Scheme Information.

**Authorised signature(s)**

**This form must be signed in accordance with the current mandate.**

Full name

Full name

Daytime telephone number

Daytime telephone number

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CCLA  
One Angel Lane  
London EC4R 3AB



Freephone **0800 022 3505**  
**clientservices@ccla.co.uk**  
**www.ccla.co.uk**

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