

Date

Account name

**Please WITHDRAW from the following accounts:**

Account number	<b>C</b> Amount <b>£</b>	
Amount in words		
	Please tick to withdraw ALL	Please tick to close account
Account number	<b>C</b> Amount <b>£</b>	
Amount in words		
	Please tick to withdraw ALL	Please tick to close account
Account number	<b>C</b> Amount <b>£</b>	
Amount in words		
	Please tick to withdraw ALL	Please tick to close account
Account number	<b>C</b> Amount <b>£</b>	
Amount in words		
	Please tick to withdraw ALL	Please tick to close account
Account number	<b>C</b> Amount <b>£</b>	
Amount in words		
	Please tick to withdraw ALL	Please tick to close account
Amount in words	Total <b>£</b>	

**and remit the total sum:**

by BACS to nominated bank account **OR**  
to another COIF Charities Deposit Fund Account number

**C**

The transaction will be processed as detailed in the appropriate Fund's Scheme Particulars.

**Authorised signature(s) This form must be signed in accordance with the current mandate.**

Print name

Print name

Daytime telephone number

Daytime telephone number

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Senator House, 85 Queen Victoria Street, London EC4V 4ET Freephone: 0800 022 3505 [www.ccla.co.uk](http://www.ccla.co.uk)

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(April 2020 (FMPDMWT2019))