

Date

Account name

**Please WITHDRAW from the following accounts:**

Account number **C** Amount **£**

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

Account number **C** Amount **£**

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

Account number **C** Amount **£**

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

Account number **C** Amount **£**

Amount in words

Reason for transaction

Please tick to withdraw ALL

Please tick to close account

Total **£**

Amount in words

**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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