

COIF Charities Deposit Fund Withdrawal Form

CCLA

Please call our Client Services Team on 0800 022 3505 if you would like help to complete this form.
This form should be completed in BLOCK capitals using black ink.

Date

Account number

C

Account name

Please withdraw

£

OR Please tick to withdraw all

Please tick to close account

Amount in words

Please tick one option:

Please send a BACS payment to the nominated bank account

Please tick

OR

Please transfer to another COIF Charities Deposit Fund account number

C

Please tick

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

Senator House, 85 Queen Victoria Street, London EC4V 4ET Freephone: 0800 022 3505 www.ccla.co.uk

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