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

£

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

Daytime telephone number

Print name

Daytime telephone number

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

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