

Withdrawal Request

Deposits Department, United Trust Bank Limited, One Ropemaker Street, London EC2Y 9AW.

Account No:

Account name: _____

With reference to the above account, I/we would like to request withdrawal of £ _____ or to close the account

(tick as appropriate):

- On expiry of the required notice/maturity
- Immediately (a penalty charge may be applied for this)

Please make the payment to the following account (United Trust Bank are only able to repay funds to the account holder(s) and not to a third party):

Account name: _____
 A/c number: _____
 Sort code: _____

Roll/Ref No. (if applicable): _____
 Bank name: _____
 Branch name: _____

Please ensure the signature stays within the designated area.

Sole or First applicant

Signature:

Date: _____

Name: _____

Second joint applicant

Signature:

Date: _____

Name: _____

Third joint applicant

Signature:

Date: _____

Name: _____

Fourth joint applicant

Signature:

Date: _____

Name: _____

Please sign in accordance with existing mandate.

DEP.WITH.02/16

Rewarding Deposits

