

# Withdrawal / Notification Form

## Withdrawal form for organisations

Please complete in block capitals and return this form to:  
Charity Bank, Fosse House, 182 High Street, Tonbridge, Kent TN9 1BE  
Tel: 01732 441944 Email: enquiries@charitybank.org

**Charity  
bank**  
a bank for good

### 1. Account number

Tick box if all funds are to be withdrawn and the account is to be closed

### 2. Notification information

#### Ethical Easy Access account holders

Please tick box if requesting an immediate withdrawal (no loss of interest)

The maximum daily withdrawal limit is £125,000 per account

### 3. Withdrawal by Faster Payment

Withdrawals are available to your Nominated Account or another Charity Bank savings account held in your organisations name.

Payments will be processed in line with our Payment Times document which can be found here;  
[www.charitybank.org/PAYMENT-TIMES](http://www.charitybank.org/PAYMENT-TIMES)

Organisation name

Amount

£  (minimum £25.00 / maximum £125,000)

Please note once a transfer has been processed it can't be stopped.

If you wish to withdraw more than £125,000 please contact us to discuss your options.

### 4. By Transfer

To the following Charity Bank savings account:

Account number

### 5. Signatures

I/We request a withdrawal in accordance with the Terms of our account and Mandate

Signature one

Signature two

Signature three

Signature four

Date

 /  / 

Please note that your instructions can only be carried out if you have signed this form in accordance with your mandate and have returned it. We will accept scanned copies.

As part of our commitment to providing a secure service to our savers, for Ethical Easy Access accounts opened after 1st January 2017 we requested that you provided a Memorable Word which will assist members of our staff in verifying you and your representatives.

On receipt of your request to withdraw funds we will contact you to ask you for two characters from your Memorable Word prior to facilitating the handling of your request.

## 6. Change of address notification

Account(s) in the name(s) of

  

Please list all your account numbers

Account number

  

Please note that with effect from (date)

 /  / 

my/our new address will be

Address

  

Postcode

Telephone

Email

Signature one

Signature two

Signature three

Signature four

Date

 /  / 

## 7. Change of name notification

Please list all your account numbers

Account number

  

I,

Hereby notify Charity Bank that with effect from

Date

 /  / 

I wish to be known as

and authorise you to alter your records

I enclose a copy of my (please tick)

marriage certificate

change of name deed

as confirmation of my change of name.

Old Signature

New Signature

Date

 /  / 

## 8. For office use only

Actioned by:

Date

 /  / 

Please note for security reasons requests to change names and addresses will not be processed at the same time as requests to withdraw funds