



CONTROLLER AND ACCOUNTANT-GENERAL'S EMP. CO-OP CREDIT UNION

SAVINGS WITHDRAWAL FORM

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

NAME: STAFF NO.:

AMOUNT IN FIGURES (GH¢): PHONE NO.:

AMOUNT IN WORDS:

DATE: SIGNATURE.....

NAME OF BANK:..... A/C NO.:.....

PLEASE ATTACH: (1) PASSBOOK (2) COPY OF CHEQUE / WITHDRAWAL LEAFLET

OFFICE USE ONLY

ACCOUNT NO.: SAVINGS BAL: LOAN BAL:

CHECKED BY: APPROVED AMOUNT:

AUTHORISED BY: PAID BY:

MODE OF PAYMENT: DATE: