



VOLTA LAKE CO-OPERATIVE
CREDIT UNION LIMITED

MEMBER SAVINGS WITHDRAWAL FORM

DATE

DD

MM

YY

NAME:

CUA #

Please debit my account with the sum of _____

and charge the withdrawal fee as stipulated by the VLCCU
bye-laws on my account accordingly.

AMOUNT WITHDRAWN GH¢

SIGNATURE

OFFICE USE ONLY

Member Savings Bal. GH¢: _____ Amount Approved GH¢: _____ Charges GH¢: _____

Signature of Officer

Signature of Manager

Signature of Treasurer/Assistant



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