Membership Support Team
Bank Payment Request (BACS)

Registered Office :
East of England Co-op, Wherstead Park, The Street, Wherstead, Ipswich, IP9 2BJ

Please use BLOCK CAPITALS

Share number (member number)

Title Mr ☐ Mrs ☐ Ms ☐ Other (Please specify)

First name Surname

Address

Town/City

County Postcode

Tel No. Mobile

Email

Amount of withdrawl £ .

For withdrawls of £2,500 or more additional information is needed. Please call the Membership Support Team on 0800 389 5354 before returning this form.

Bank Details

Account number Sort code

Account name

Bank Name

Bank Address

Postcode

I warrant that the information I have provided in this form is correct.
I hereby agree to indemnify the East of England Co-operative Society Limited against any claim that may be made hereafter by any person in connection with this application.

Signature Date

This form should be returned to:
Membership Support Team, East of England Co-op, Wherstead Park, The Street, Wherstead, Ipswich, Suffolk IP9 2BJ

OFFICE USE ONLY:

Entered by

Signed

Date

Cost/nominal 900000 4000