

Please use this form to make a deposit or to request a withdrawal.

## **Deposit request (cheques only)**

Please deposit	E				: :	 •	 	int	io m	٦y
Charter Savings I	Bank	acco	ount r	um	ber					

If this is the first deposit into this account, it must meet the required minimum balance. You can find this information on the Key Features & Summary Box document for the account.

Number of cheques enclosed

All cheques must be **from your Nominated Account** and made payable to Charter Savings Bank and your seven digit account number (for example: Charter Savings Bank - 1234567).

### Withdrawal request

## Withdraw to an existing Charter Savings Bank account

Withdraw <b>£</b>					<u>i</u>		•					
from account n	umber											
to account nun	nber											
Close account	number											
and transfer the	e full bala	anc	e to	асо	cour	nt ni	umb	er				

Please check the Key Features & Summary Box document for your existing account to ensure additional deposits are allowed.

### Withdraw to your Nominated Account

Withdraw	£			1			•	i					
from accou	nt number												
and transfer	to my No	mir	nated	d Ac	cou	nt							
Close my C	harter Savi	ngs	s Bar	nk ad	ccol	unt r	num	ber					
and transfe	the full ba	lan	ice to	o m	v No	omir	nated	d Ac	COL	unt			

For more information on making withdrawals and how long it will take for the payment to reach your Nominated Account, see paragraph 11 (*Taking money from your Account*) of the General Savings Conditions.

# Continued overleaf.

# **Additional information**

#### **Notice accounts**

If you have a Notice account then we'll write to you to let you know the date the withdrawal will take place.

#### **Easy Access accounts**

We'll process your request as soon as we receive it and will write to you once it has been transferred.

#### **Fixed Rate Bonds**

Withdrawals are not possible from your Fixed Rate Bond during the fixed period.

#### CHAPs or regular / future withdrawal requests

Please call us on 0800 032 9999.

#### Please sign and date to authorise your deposit / withdrawal.

Print full name	Print full name
Signature	Signature
Date: / /	Date: / /

We can provide literature in large print, Braille and audio. Please ask us for this leaflet in an alternative format if you need it. If you require any additional support with managing your account, you can contact us either by phone, in writing or by visiting **chartersavingsbank.co.uk/help/additional\_support** for more information.