



UNIVERSITY FOR DEVELOPMENT STUDIES CO-OPERATIVE CREDIT UNION
P. O. Box TL 1350, Tamale



SAVINGS WITHDRAWAL FORM

Name: _____

Staff Number / Non Staff No: _____ Phone No: _____

Bank: _____ Branch: _____ Account Number: _____

Amount to be withdrawn: GH¢ _____ In words: _____

Location: _____ Signature: _____

Date: _____

FOR OFFICE USE ONLY

1. Savings Balance:.....
2. Loan Balance:.....
3. DR/CR:.....

Chairman's Comments:.....Cheque No:.....



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4. Savings Balance:.....
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Chairman's Comments:.....Cheque