Withdrawal Request

Section A		
Your United Trust Bank account details	Name of Account Holder(s):	
Account No:		
Section B		
Request details		
With reference to the above account, I/we would like to request a wit *Delete as appropriate	hdrawal* of £ or to close* the account.	
(Tick as appropriate):		
\Box On expiry of the required notice/maturity		
□ Immediately		
You are not entitled to withdraw any funds from fixed deposit accounts unless the fixed deposit period has matured or from notice accounts, unless you have given sufficient notice. In exceptional circumstances and entirely at UTB's discretion, we may allow withdrawals from your account prior to the date on which they are due. A penalty charge may be applied for this and a reason for the early withdrawal must be provided below:		
All repayments, interest payments and withdrawals from your United We will not make any payments to any account other than your Nomi		
Section C		
Please sign in accordance with existing mandate		

Sole or first applicant	Second joint applicant
Signature:	Signature:
Name:	Name:
Date:	Date:
Third joint applicant	Fourth joint applicant
Signature:	Signature:
Name:	Name:
Date:	Date:
Please return your completed request to: United Trust E	Bank Limited, One Ropemaker Street, London EC2Y 9AW

United Trust Bank Limited, One Ropemaker Street, London EC2Y 9AW

Telephone: 020 7190 5599 Fax: 020 7190 5550 Email: deposits@utbank.co.uk www.utbank.co.uk Registered in England and Wales 549690

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

we understand specialist banking