

Valley Wide of PA Federal Credit Union

Request for Withdrawal Form

Member credit union account information MUST match the information provided on your original account application.

Today's Date: _____ / _____ / _____

Withdrawal Amount \$ _____

Withdrawal Account # _____

Member Signature(s) Required:

X _____
Print

X _____
Print

X _____
Authorized Signature

X _____
Authorized Signature

Complete Form, Sign & Return to Credit Union Office OR Fax to: (724) 226-2127