



Membership Support Team Bank Payment Request (BACS)

Registered Office : **East of England Co-op, Wherstead Park, The Street, Wherstead, Ipswich, Suffolk 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

The information submitted here is used and stored to administer your membership.

Amount of withdrawal £ -

For withdrawals 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 _____

Would you like to hear more from your Co-op?

We'd love to be able to send you exclusive money off deals and special offers, invite you to take part in tasting panels and events. We promise never to share your information with anyone else or send you too many emails. Please tell us how you would like to hear from East of England Co-operative.

To opt in tick the relevant box/es, to opt out, leave the relevant box/es blank.

By email By phone By post By text

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	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/>
Cost/nominal 900000 4000	