

# Withdrawal request form

## Your Triodos Bank account details

Account name

Account number

Account notice period

Signature 1

Signature 2 (if applicable)

Date

**Bank use only**

Signatures checked (initial)

**Triodos Bank**

Registered office: Triodos Bank, Deanery Road, Bristol BS1 5AS.

Please transfer from my account:

Amount

Receiving bank details:

Bank

Branch

Sort code

Account number

Account name

Payment reference (if applicable)

On date

Or immediately (early access penalty may apply).

Or after notice period

Notes