

# Minors Saving Account

## Request to withdraw funds by Minor (under 16)

Cana Credit Union Ltd

Account Number \_\_\_\_\_

Minor's Name \_\_\_\_\_

I \_\_\_\_\_ hereby apply to withdraw

the sum of € \_\_\_\_\_ from my above mentioned account. Please issue a

cheque for this amount payable to \_\_\_\_\_.

Signature of Minor \_\_\_\_\_

Counter Signature of parent(s)/guardian nominated to sign on account

Signed \_\_\_\_\_ Nominated Person

Signed \_\_\_\_\_ Nominated Person