



Gibraltar Savings Bank
BACS TRANSFER FORM
Withdrawals



Account Information:

Ordinary Deposit Account Name:

Ordinary Deposit Account No:

Contact Telephone Number:

Amount

Amount in Words

To be paid as follows *(Proof of account is required)* :

Name of Institution:

Sort Code:

Account Name:

Account No:

Date

Signature(s)

For office use

Current Balance in Account

Bacs Transfer Request

Balance

Checking Officer

Date

Counter Clerk

Date:

Transfer Date:

Ref no:

Data Protection – How we use your Information

We treat all the information you give us about you and others as private and confidential. We respect your right to privacy and understand the importance of protecting the personal information that we hold. See our privacy notice for full details – available at www.gibraltar.gov.gi under Treasury Department, Gibraltar Savings Bank or by calling us.