

MAWC CREDIT UNION
535 N. NEW BALLAS ROAD
ST. LOUIS, MO 63141-6878
PHONE (314) 996-2399 FAX (314) 991-2715

SHARE WITHDRAWAL REQUEST

I, _____, hereby request a share withdrawal in the amount of
\$ _____ from share account # _____.

Please send **check and receipt** to: Home Ballas Office Service Center Plant

Member signature required: _____ Date: _____

OFFICE HOURS: TUES & THUR 8:30am to 3:30pm *** visit us on-line at www.mawccreditunion.org

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