



Ballinasloe Credit Union
(Our Lady of Lourdes) Limited.

Direct Debit Cancellation Form

Member Name _____

Credit Union Account No _____ / _____

Current Direct Debit Details

Amount € _____

Frequency: Weekly () Fortnightly () Monthly ()

Date of Cancellation ___ / ___ / 20___

Member Signature: _____

Staff Signature: _____

Date: _____

Amended by: _____

Verified by: _____