



communitycu.ie

CANCELLATION OF MEMBER'S DRAW

I/We _____ being a member(s) of Community Credit Union Ltd. wish to **cancel** my/our Membership of the Members Draw.

Name: *(Clearly Printed)* _____

Address: _____

Date of Birth: ____/____/____ Telephone: _____

Member No: _____

Signed: _____ Date: ____/____/____

Joint Accounts: Additional named member to complete & sign this additional section:

Name: *(Clearly Printed)* _____

Address: _____

Date of Birth: ____/____/____ Telephone: _____

Member No: _____

Signed: _____ Date: ____/____/____

Office Use: Removed from Members Draw Date: ____/____/____

Staff Name (print) _____

Staff Signature _____