CANCELLATION OF STANDING ORDER MANDATE

To: Name of Bank

Address of Bank

Please cancel my Standing Order with Community Credit Union. Details of which are as follows:

1. Name of Account Holder(s)

2. Sort Code ☐☐☐☐☐☐ Account Number ☐☐☐☐☐☐☐☐

3. Payment Amount:

4. Amount in Words

5. Frequency (W, F, M)

Member Signature. …… Date. ……..

IRELAND
Community Credit Union

OFFICE USE ONLY

Credit Union
Reference: _____