



communitycu.ie   

DIRECT DEBIT PAYMENT AMENDMENT

| | |
|-------------------------|------------------------|
| Member Name: | Member Number: |
| DD Amount (in words): | DD Amount: |
| DD Frequency (W, F, M): | Commencement Date **:: |

**** As a minimum 5 banking days MUST be allowed before a Direct Debit can be amended.**

Please allocate my Direct Debit payment as follows:

Loan (incl. Interest) € _____

Share Account € _____

Super or Budget Account € _____

| |
|-------------------|
| € |
| Loan 1 _____ |
| Loan 2 _____ |
| Loan 3 _____ |

In addition, please allocate the remainder of my Direct Debit Payment (€ _____) as follows:

Member No _____ Name _____ Amount € ____ Loan/Shares/Super/Budget

Member No _____ Name _____ Amount € ____ Loan/Shares/Super/Budget

Member No _____ Name _____ Amount € ____ Loan/Shares/Super/Budget

Member No _____ Name _____ Amount € ____ Loan/Shares/Super/Budget

Please be advised that if you wish to cancel your Direct Debit, change the amount of your payment or change the way the payment is allocated then contact Community Credit Union

Member Signature. Date.

Office Use Only

Amended on SCION By: _____ Date: _____