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: _____