



## DIRECT DEBIT AMENDMENT FORM

Member Name	
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Account No.	
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### Current Direct Debit Details

<b>Amount</b>	€	Frequency W/F/M	
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### Amendment Details

<b>Increase/Decrease to</b>	€
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### Divide between:

Shares	€	Savings1	€
Loan/ Interest	€	PPI Premium	€
<b>Other</b>	€		€

To be taken:

Date		Day	
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*I understand that Ballincollig Credit Union Limited may change the amounts and dates only after giving me prior notice.*

*I will inform Ballincollig Credit Union Limited in writing if I wish to cancel this instruction.*

*I understand that an unpaid direct debit will result in a penalty charge of €4.44 being applied to my credit union account and that this is in addition to any penalty charge that my bank may impose.*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

#### Verification Method

<b>Members signature on system</b>	
<b>Contacting member to verify</b>	