



Ballincollig
CREDIT UNION LIMITED
Pure financial freedom



DIRECT DEBIT CANCELLATION FORM

Member Name	
Account No.	

Direct Debit Details

Amount	€	Frequency W/F/M	
---------------	----------	-----------------	--

Please cancel my direct debit with immediate effect

Member Signature: _____ Date: _____

Verified by: _____ Date: _____

Verification method:

Members Signature on file	
Contacting member by telephone	