



AUTHORISATION TO CLOSE ACCOUNT

Member Account Number: _____

Member Name: _____

Forwarding Address: _____

Bank IBAN: _____

Bank Name & Address: _____

Reason for Closure: _____

Date: _____

If my final dividend is €5 or less, I authorise Life Credit Union to pay this to a charity on my behalf

I, the undersigned agree to pay in full, any liabilities which may occur in the event of returned Direct Debit(s) or Cheque(s) on my account after today's date.

Member Signature: _____

OFFICE USE ONLY

EFT Details input on SCION Direct Debits Cancelled

PPI Balances Cleared Tracker Updated

Teller Signature _____ Date _____

To be completed after dividend has been applied to the account

Date Account Closed: _____

Dividend sent to: _____

Closed by: _____

At Life Credit Union, we are a data controller and as such, we respect and protect the privacy of our members, the data subjects. Please see our Privacy Notice for information on the personal data we collect, process, store and share.

