

Member Account Number: _____

Member Name: _____

I wish to cancel my Direct Debit with effect from (date)* _____

Member Signature: _____

Date: _____

Life Credit Union cannot accept responsibility for Direct Debits that have been called for at the time of completing this form

OFFICE USE ONLY

Authorised CU Officer: _____

Direct Debit Number: _____

Actioned By: _____

Date: _____

Checked 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.

