



CANCELLATION / RESIGNATION OF MEMBERSHIP

Member Details

Member Number Account Number
Title Mr Mrs Miss Ms Other
Surname(s) Given Name(s)
Residential Address
Postal Address: (if different from Residential)
Contact Details Home Mobile Business
Email

Resignation of Membership

For Credit Union records please state the reason for resigning your membership.

Two horizontal lines for providing the reason for resignation.

Withdrawal (Cash Limit of \$2,000 per day applies unless prior arrangements have been made)

Cash \$
Cheque \$ Cheque Number
Cheque Payee
Transfer \$ Account Number

Additional Instructions

Two horizontal lines for additional instructions.

I acknowledge receipt of the abovementioned amount.

Signature Date
Signature Date

Office Use Only

- Redicard Deleted
Direct Debit Cancelled
Visa card to be deleted
Payroll Cancelled
45 days Visa closure
Periodic Payment to be cancelled
Z Card deleted
Member Cheques deleted
Delete Overdraft
Statement Change
Insurance Cancelled
Fixed Term Deposit matured

Staff Member: Date

