

MEMBERSHIP RESIGNATION

Title Miss Mr Ms Mrs Other ...please specify

First Name (s)

Surname

Member No.

- I have been made aware of the range of services available to me through my membership with the Credit Union and understand that these options will no longer be available unless I retain my membership.
- I have surrendered my cards for cancellation and have made full disclosure of any withdrawals made from my account in the last 14 days. I understand there is a 30 days grace period for my \$10.00 shares to be posted to me as I am in receipt of a Visa Card.
- I have arranged to stop any direct credits and hereby cancel all regular payments and transfers from my Account.

I no longer require my membership because:

- I am moving
- I am transferring to another financial institution
- I found your products uncompetitive
- I have no further use for my membership

Further comments:

Signature

Credit Union staff will complete this section:

- | | | |
|--|--|---|
| Redicard(s) <input type="checkbox"/> received | Cheque Book(s) <input type="checkbox"/> received | Visa(s) <input type="checkbox"/> received |
| <input type="checkbox"/> cancelled | <input type="checkbox"/> cancelled | <input type="checkbox"/> cancelled |
| <input type="checkbox"/> Payroll Cancelled | <input type="checkbox"/> BPAY | Chq No. <input type="text"/> Amt <input type="text"/> |
| <input type="checkbox"/> Transfer Orders Cancelled | <input type="checkbox"/> Accounts Closed | Operator No. <input type="text"/> |
| <input type="checkbox"/> Insurance Cancelled | <input type="checkbox"/> Membership Cancelled | Date: <input type="text"/> |