



Cash Draw Cancellation form

To: People First Credit Union

From: Members Name

Address line 1

Address line 2

Address line 3

Contact No: Membership No.....

Iwish to withdraw from People First Credit Unions Monthly Cash Draw and I authorize PFCU to cancel my subscription of €4.33 to the cash draw account.

Signed..... (members name) Date:

Witness by:.....(PFCU officers name) Date:

Note: Withdrawal from cash draw will take effect from date the completed cancellation form is received by PFCU.

For Internal officer use:

Instruction noted on I.T. system & attached to file by..... (PFCU officer)

Date instruction applied.....