Please complete form and send to: -Direct Debit Cashier, Lurgan Credit Union Limited, 40 Church Place, Lurgan, BT66 6EU



FOR OFFICIAL USE ONLY

DATE ACTIONED:

CASHIER:

Direct Debit Instruction for LURGAN CREDIT UNION LIMITED FORM 2 AMENDMENT

Date/				I wish to pay by Direct Debit to	
Name: Address:			_	A/c No	
Address.			- -	The total sum of	£
Breakdown of Payment:				Start Date	
Main Loan	£ Hom	ome Heating	£	Frequency:	
		onsolidation	£	Weekly	£
Savings				Fortnightly	£
Easy Share	£ F	uneral Bill	£	Monthly	£
Christmas	£				
				Signature: ——	
Please complete form and send to: - Direct Debit Cashier, Lurgan Credit Union Limited, 40 Church Place, Lurgan, BT66 6EU			YOU THE	FOR OFFICIAL USE ONLY DATE ACTIONED: CASHIER:	
6	virect Debit Instru	ction for LUI	UNION		FORM 2
			MENDMENT		TORM 2
Date:/_	/			I wish to pay by	Direct Debit to
Name: Address:			-	A/c No	
			-	The total sum of	£
Breakdown of Payment:				Start Date:	
Main Loan	£ Hon	ome Heating	£	Frequency:	
Main Loui		ome rieuring		 Weekly	
Savings	£	onsolidation	£	Fortnightly	
Easy Share	£ F	uneral Bill	£	Monthly	
Christmas	£			,	
				Signature:	