

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 ___ / ___ / ___

Name: _____
Address: _____

Breakdown of Payment:

Main Loan	£	Home Heating	£
Savings	£	Consolidation	£
Easy Share	£	Funeral Bill	£
Christmas	£		

I wish to pay by Direct Debit to
A/c No
The total sum of £
Start Date

Frequency:
Weekly
Fortnightly
Monthly

Signature: _____

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