

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



FOR OFFICIAL USE ONLY  
DATE CANCELLED: \_\_\_\_\_  
STAFF SIGNATURE: \_\_\_\_\_

**Direct Debit Instruction for Lurgan Credit Union Limited  
CANCELLATION**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

I wish to cancel the Direct Debit to A/c No

Amount of Direct Debit  £

Date Due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I authorise Lurgan Credit Union to **CANCEL** my Direct Debit payment from the date stated above.

Signature: \_\_\_\_\_