PUBLIC SERVICE CREDIT UNION LTD.
Working Together

CANCELLATION OF CAR DRAW

PLEASE FILL IN BLOCK CAPITALS

First Name (Clearly Printed) _____ **Surname** _____

being a member of Public Service Credit Union Ltd. wish to cancel my Membership of the Car Draw.

Address _____

_____

_____

Date of Birth _____

Telephone _____

Signature _____ **Date** _____

Member Number _____

OFFICE USE ONLY

Removed from Members Draw Date _____

Staff Name (print) _____

Staff Signature _____

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