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**Members Prize Draw Opt- Out (Withdraw) Form.**

**Please ensure all sections are filled and return or drop form into our office at**

 **Ballinasloe Credit Union(Our Lady of Lourdes) Limited, Main Street, Ballinasloe,**

 **Co. Galway**

###  **I/We hereby declare that;**

### **I/We wish to opt out (withdraw) from the Members Prize Draw,**

### **I/We wish Ballinasloe Credit Union(Our Lady of Lourdes) Limited to cease deducting the draw payment contribution of € 4 per quarter from my account as of today’s date;**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| Member AccountNumber |  |
|  Date |  |
| **Members Signature** |  |
| **Members Signature** |  |

**Witness/Authorised Signatory:(***where applicable***)**

 **Print Name:**

|  |  |
| --- | --- |
| **Office Use Only****Received by staff Member** **Date** | **Office Use Only****Processed by Prize Draw Dept****Date** |

**Credit Union Stamp**