

DIRECT DEBIT AMENDMENT FORM

Member Name: _____

Account No: _____ / _____

Current Direct Debit Details

Amount: € _____

Frequency: Weekly Forthnightly Monthly

Date started: _____

Member's Bank: _____

Amendment Details

Increase to: € _____ **or** Decrease to: € _____

Divide between: Savings _____
Loan/Interest _____
Other _____

Change date from _____

Note: Member **must** complete a new Direct Debit Mandate Form when changing banks.

Member Signature: _____

Staff Signature: _____

Date: _____

Amended by: _____

Checked by: _____

I WISH TO CANCEL MY DIRECT DEBIT

Member Signature: _____