Closure of Credit Union Account

Gateway Credit Union Ltd. • 21 Commercial Street • Pontypool • Torfaen •
NP4 6JQ • Tel 01495 750020 • info@gatewaycu.co.uk • www.gatewaycu.co.uk

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Gateway Credit Union

Please complete the following in **BLOCK CAPITALS**

Membership No:

Title:	Surname:	Forename(s):

I understand that in withdrawing all my shares I am terminating my membership of Gateway Credit Union.

Member Signature: _____ Date: / /

Would you like this cheque posted to your registered address? yes ◯ no ◯

If no, please tell us the Collection Point you wish to pick the cheque up from _____

Cheque received by: _____ Date: / /

To help us improve our service to members could you please give the reason for leaving us:

Moving ◯

Change of Employment ◯

Dissatisfaction ◯

Other

FOR OFFICE USE:
Member ID Authenticated:
Authorised by:
Amount:
Chq No:
Date:

Gateway Credit Union Ltd is Authorised & Regulated by the Financial Services Authority. Reg No:214010