

Date: _____ / _____ /20_____
 D / M / Y

The Manager
National Co-operative Credit Union Ltd.
Roseau
31-37 Independence Street
Roseau

Dear Sir/Madam,

Please be informed that as of today, until _____ / _____ /20_____, I
_____ holder of Account No. _____
would like to cancel the authorization given to _____ to
operate my accounts.

Yours truly,

NAME OF MEMBER/ACCOUNT HOLDER

SIGNATURE OF MEMBER/ACCOUNT HOLDER

Witness: _____

Witness: _____

Checked By: _____