



Elevate Credit Union – Direct Debit Change/Cancellation Form

PLEASE CHANGE THE DETAILS OF THIS DIRECT DEBIT AS PER THE FOLLOWING:

Member Number: _____

Member Name: _____

Change From: _____ Change To: _____

Division of Direct Debit (if applicable): Savings: _____ Loan: _____

Frequency of Payment: _____

Member Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PLEASE CANCEL THE DETAILS OF THIS DIRECT DEBIT AS PER THE FOLLOWING:

Member Number: _____

Member Name: _____

Please Cancel the Direct Debit Effective From: _____

Member Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Amendments Input By: _____ Date: _____