

cancellation of auto transfer

➤ Personal details

Member number: _____

Title: ____ First: _____ Middle: _____ Surname: _____

Single Savings Account Number: _____ OR _____ Joint Savings Account Number: (on the same membership)

____ 0 ____ 1 ____ 2 ____ 3 ____ QSaver

____ 0 ____ 1 ____ 2 ____ 3 ____ QSaver

Current residential address: _____

Contact number: _____ Email address: _____

➤ Payment details

Amount: _____ Made to: _____

Please cancel the above payment made on my behalf

Signature: _____ Date: ____ / ____ / ____

Office use only

Signature: _____

Date: ____ / ____ / ____

Teller stamp