



FIRST CHOICE Credit Union

MAKING MORE POSSIBLE

Members Draw Withdrawal Form

***Please Complete & return to your local First Choice Credit Union branch
or email to draw@fccu.ie.***

Name: _____

Address: _____

Member Number: _____

I wish to cease my participation in the First Choice Credit Union Members' Draw with immediate effect.

Signed: _____

Date: _____

OFFICE USE: Processed By: _____ **Date:** _____