

ACCOUNT					
NUMBER					



**St. Paul's**  
Garda Credit Union Ltd.

Boreenmanna Road, Cork  
021-4313355  
enquiries@stpaulscu.ie  
www.stpaulscu.ie

**Application to withdraw from St. Paul's Members Draw**

*(Please use **BLOCK CAPITALS** to complete this form)*

Name 1. First Name:  Surname:

(Joint Accounts Name 2.) First Name:  Surname:

Address:

Tel: -

Email:

**I(we) wish to be withdrawn from St. Paul's Members Draws**

**SIGNATURE 1:** ..... **DATE:**.....

**SIGNATURE 2 (Joint Accounts):** ..... **DATE:**.....

**OFFICE USE ONLY**

Details Updated by : \_\_\_\_\_  
( )

Date: \_\_\_\_\_