



BARBADOS PUBLIC WORKERS' CO-OPERATIVE CREDIT UNION LIMITED

SERVICE TERMINATION FORM CO-OPTIMA™ CONNECT

LAST NAME:		FIRST NAME: Mr () Mrs () Ms ()		MIDDLE INITIALS:
HOME ADDRESS:		City:	State:	
		Postal Code:	Country:	
MAILING ADDRESS:		City:	State:	
		Postal Code:	Country:	
DATE OF BIRTH: (dd/mm/yy)	ACCOUNT NUMBER:	MOBILE TELEPHONE:		
HOME TELEPHONE:	WORK TELEPHONE:	E-MAIL ADDRESS:		

I, hereby request that you terminate my online banking access to the following accounts:

	<u>Account Name:</u>	<u>Account Number:</u>
<input type="checkbox"/> Account
<input type="checkbox"/> Account
<input type="checkbox"/> Account
<input type="checkbox"/> Account
<input type="checkbox"/> Account

▶ MEMBER'S SIGNATURE: _____ **DATE:** _____

FOR MEMBERS RESIDING OUTSIDE OF BARBADOS ONLY:

NOTARIAL CERTIFICATE:

I,, Notary Public in and for the Country/State/Province/County/() of do hereby **CERTIFY** that on the day of the date hereof personally came and appeared before me a male/female who identified his/her self to be the within named the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed.

Given under my hand and seal this _____ day of _____ 20 .

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Notary Public

In and for the Country/State/Province/County/()

PLACE NOTARIAL STAMP HERE

of

BPWCCUL Received by:	Date:	BPWCCUL Verified by:	Date:
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Remember to sign this form • Send the completed original (not copies) to:

Barbados Public Workers' Co-operative Credit Union Limited
"Olive Trotman House", Keith Bourne Complex • Belmont Road, St. Michael BB14000 • Barbados, W.I.