

First Citizens Bank Limited

CANCELLED CARD AND/OR CLOSURE FORM



**The Manager – Operations & Customer Service
First Citizens Bank Limited
Electronic Banking Unit – Card Issuing Business
1st Floor, 62 Independence Square,
Port of Spain, Trinidad & Tobago**

I (Print Name) _____ would like to cancel

my Principal (cancellation of the principal card would result in the closure of the Cardholder's Account and any additional cards linked would be cancelled)

Customer Information File Number (CIF #) _____

OR the Co-Card Card Number (last four digits) _____

with _____ Credit Union Co-operative Society Limited.

Reason:

- No longer interested Low usage Fees
 Difficult using Card Other _____

Principal Cardholder's Signature: _____ Date: _____

ID No. / PP No. / DP No. _____

For Official Use Only:

Cardholder advised that any residual balance would be returned to Member's Credit Union via LinCU Ltd.

Verified By: Print Name: _____ Signature: _____ Date: _____

Supervisor: Print Name: _____ Signature: _____ Date: _____

LinCU Ltd: Print Name: _____ Signature: _____ Date: _____