



GREATER CAVITE CREDIT COOPERATIVE

“Together We Grow. Together We Prosper.”

WITHDRAWAL OF MEMBERSHIP

DATE:

THE BOARD OF DIRECTORS
Greater Cavite Credit Cooperative
861 Arnaldo Highway, Brgy. Pasong Camachile 1
General Trias, Cavite 4107

Dear Sir / Ma'am,

Please allow me to withdraw as a member of Greater Cavite Credit Cooperative effective _____.

Reason(s) for your withdrawal;

Please find my account details below for the settlement of my share capital and savings balance:

Bank / Financial Institution: _____
Account Name: _____
Account Number: _____

Other Instructions:

Very truly yours,

Signature over Printed Name of Member/Beneficiary

Total Share Capital: P _____	Less: Total Outstanding Loan Balance: P _____
Add _____: P _____	Others: _____: P _____
Gross Amount: P _____	Service Fee: _____: P _____
Net Proceeds (Refund/Payable):	P _____

APPROVED/DISAPPROVED (Board of Directors)
