

**UP CREDIT COOPERATIVE**

FERNANDEZ HALL

I. Delos Reyes St., corner C.P. Garcia Avenue

U.P. Campus Diliman, Quezon City

Tel Nos.: 8924-8002 / 8646-8862

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

**APPLICATION FOR WITHDRAWAL OF MEMBERSHIP**

THE BOARD OF DIRECTORS  
U.P. CREDIT COOPERATIVE

Madam/Gentlemen:

I have the honour to withdraw my membership from the U.P. CREDIT COOPERATIVE for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

It is understood that this application is subject to all existing Cooperative Laws, Presidential decrees, Rules and Regulations and Board Policies pertaining withdrawal from Membership.

Full Name: \_\_\_\_\_ Unit/Office: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AUTHORIZATION TO DEPOSIT**

This is to authorize the U.P. Credit Cooperative, to deposit my Net Refund to my bank account:

Account Name: \_\_\_\_\_

Bank:  LANDBANK  VETERANS BANK  DBP  PNB CHECK

Account No. \_\_\_\_\_

I fully understand that I am holding U.P. Credit Cooperative free of liability and or damages that may happen arising from this authorization.

\_\_\_\_\_  
Signature over Printed name

**BOARD OF DIRECTORS ACTION**

I have the honor to inform you that the Board of Directors in its  **REGULAR**  **REFERENDUM** meeting held on \_\_\_\_\_ at UP Credit Cooperative Building took the following action on your application for withdrawal from membership from the U.P. CREDIT COOPERATIVE.

**APPROVED**  **DISAPPROVED** Reason(s) \_\_\_\_\_

Secretary: \_\_\_\_\_

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