Date: _____/_____/20_____

The Manager
National Co-operative Credit Union Ltd.
Roseau
31-37 Independence Street
Roseau

Dear Sir/Madam,

REF: - Account Number _____

Name of Member:_____

Please accept this letter as my/our authority to allow_____
to operate my/our _____account(s) held at the National Co-operative Credit Union Ltd.

This order is to remain in force, until _____/_____/20_____, indefinitely, unless otherwise instructed by me/us in writing.
D / M / Y

Yours faithfully,

_____

SIGNATURE OF MEMBER/ACCOUNT HOLDER

Witness:_____ **Witness:_____**

I HAVE ACCEPTED THE RESPONSIBILITY TO OPERATE THE ABOVE-MENTIONED ACCOUNT AND I AM AWARE THAT THIS AUTHORISATION BECOMES INVALID UPON THE DEATH OF THE ACCOUNT HOLDER. I AM FURTHER AWARE THAT USE OF THIS AUTHORISATION SUBSEQUENT TO DEATH OF THE ACCOUNT HOLDER MAY RESULT IN LEGAL PROCEEDINGS BEING INSTITUTED AGAINST ME.

_____

SIGNATURE OF ATHORISED SIGNATORY

Witness:_____ **Witness:_____**