

NATIONAL CO-OPERATIVE CREDIT UNION LTD.

31-37 INDEPENDENCE STREET, P.O BOX 175
ROSEAU, DOMINICA, WEST INDIES
Telephone No: (767) 255-2172 Fax No. (767) 255-2109
Home page: www.nccudominica.com

DATE:	
A/C NO:	
FROM:	
TO:	
AUTHORISAT	ION LETTER
This serves to authorize you to pay my entire salary / or a s National Co-operative Credit Union Ltd with effect from	salary deduction of monthly to the
In the event of my leaving your service for any reason who or may become entitled should be deposited to my accoun by the Society on my behalf shall be construed as a trwhatsoever.	t at the afore-mentioned Credit Union. Any receipt giver
The above instructions are irrevocable and may only be carwriting.	ncelled by the National Co-operative Credit Union Ltd in
Kindly indicate your willingness to comply with my requesto the above mentioned Credit Union.	st by signing and returning the attached copy of this letter
Faithfully	
Signature of Member	Name in full (Please print)
Signature of Witness	Name in full (Please print)
Please cancel previous order of \$~~~~~~	Signature & stamp of Employer