Date:	_//20	
The Manager		
	erative Credit Union Ltd.	
Roseau	crative credit official Etd.	
31-37 Independ	ence Street	
Roseau Roseau	chec succi	
Koscaa		
Dear Sir/Madan	m,	
	REF: - Account Number	r
	Traine of French	
Please accept th	nis letter as my/our authority to allow	
		account(s) held at the National Co-operative Credit
Union Ltd.		
This order is to instructed by mo	_	/
Yours faithfully	7,	
SIGNATURE (OF MEMBER/ACCOUNT HOLDE	CR
Witness:		Witness:
THAT THIS AUT AWARE THAT U IN LEGAL PROC	THORISATION BECOMES INVALID UPO	ATE THE ABOVE-MENTIONED ACCOUNT AND I AM AWARE ON THE DEATH OF THE ACCOUNT HOLDER. I AM FURTHER QUENT TO DEATH OF THE ACCOUNT HOLDER MAY RESULT ST ME.
SIGNATURE	OF ATHURISED SIGNATURY	
Witness:		Witness: