

Authorization to issue Debit card

Name:

A/c #:

Address:

Date:

The Chief Executive Officer

National Co-operative Credit Union

31-37 Independence Street

Roseau

I hereby authorize Mr./Mrs./Ms. _____
to complete the PIN process and receive the NCCU Debit Card on my behalf.

I understand that by granting this authorization, I accept full responsibility for any actions taken by the authorized person in connection with my debit card and therefore agree to absolve/indemnify the NCCU of any liabilities, costs and expenses (including legal and any other costs) that may arise in relation to this request.

In anticipation of a favorable response.

Respectfully,

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Name:

Witness 1:

Witness 2: