



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:

AUTHORISATION LETTER

This serves to authorize you to pay my entire salary / or a salary deduction of _____ monthly to the National Co-operative Credit Union Ltd with effect from _____ .

In the event of my leaving your service for any reason whatsoever, all accruing or other emoluments to which I am or may become entitled should be deposited to my account at the afore-mentioned Credit Union. Any receipt given by the Society on my behalf shall be construed as a true and just receipt discharging you from any liability whatsoever.

The above instructions are irrevocable and may only be cancelled by the National Co-operative Credit Union Ltd in writing.

Kindly indicate your willingness to comply with my request by signing and returning the attached copy of this letter to the above mentioned Credit Union.

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