TRANQUILLITY CREDIT UNION CO OPERATIVE SOCIETY LIMITED

NP HOUSE SEA LOTS, PORT OF SPAIN
Ph. 625-1364 ext. 340 / 341 / 573
Fax 624-8034

STANDING ORDER AUTHORIZATION

I, _____ _____ hereby authorize my

(Please circle one) **BANK EMPLOYER CREDIT UNION**

Bank / Employer / CU Name _____

Address _____

_____ A/C# _____

To deduct the sum of $ _____ from my Bank Account / Salary monthly and forward

to Tranquillity Credit Union for my Account # _____

Please begin deduction on _____/ _____/ _____
dd mm yy

_____ _____
Member's Signature Date

_____ _____
Signature of Credit Union Official Date

_____ _____
Agent Signature & Stamp Date

NB. THIS FORM REPLACES ALL FORMS RECEIVED PREVIOUSLY
Sign, Stamp and return copy to Tranquillity Credit Union