



**TRANQUILLITY CREDIT UNION CO OPERATIVE SOCIETY  
LIMITED**

**# 5 Maraval Road, Newtown, Port of Spain  
Ph. 628-9266 / 628-6466 Fax 628-1847**

**STANDING ORDER AUTHORIZATION**

I, \_\_\_\_\_ hereby  
authorize my *(Please circle one)* BANK / CREDIT UNION

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

A/C# \_\_\_\_\_

To deduct the sum of \$ \_\_\_\_\_ from my Account  
monthly / weekly 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***