



A Union of Possibilities

**THE INSURANCE EMPLOYEES COOPERATIVE
CREDIT UNION LIMITED**

27 Parkington Plaza, Kingston 10
Tele: 906-5362-4, 920-7447 Fax: 968-6208
www.ieccu.com



NET SALARY REMITTANCE AUTHORIZATION FORM

TO: _____

EMPLOYER'S NAME

EFFECTIVE _____ please remit my monthly net salary to
DATE

THE INSURANCE EMPLOYEES COOPERATIVE CREDIT UNION LTD. This authorization can only be
revoked with the agreement of the said Insurance Employees Co-operative Credit Union Limited.

Employee's Name: _____ Account # _____

Employee's Signature _____ Date: _____

Credit Union Officer _____

TO: THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED

We, _____ hereby agree to effect the
EMPLOYER'S NAME

remittance of the above net salary to The Insurance Employees Co-operative Credit Union Ltd.

starting _____. This authorization can only be revoked by
DATE

the agreement of the said Insurance Employees Co-operative Credit Union Ltd.

Employer's Representative _____

Employer's Representative's Signature _____

Date _____ Employee # _____

Note: Form to be done in duplicate and the original returned to IECCU