



SALARY DEDUCTION FORM

*THE JOY IN SAVING BEGINS WHEN THE HARVEST ARRIVES
WHY NOT START OR INCREASE YOUR MONTHLY SAVINGS TO SOW SEEDS YOU WOULD LIKE TO REAP LATER?*

THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED
27 PARKINGTON PLAZA KINGSTON 10
TELEPHONE: 9207447, 9065187/5362

TO: _____

DATE: _____

In consideration of an AGREEMENT between THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED, I, _____ (AGENT/EMPLOYEE NO: _____) hereby give the irrevocable order for the allotment from my salary on a weekly/ fortnightly / monthly basis the sum of _____ Dollars _____ Cents (\$ _____) in favour of the above Society commencing the month of _____ 20____ and I further request that the sum so allotted be deposited to the account number : _____

THIS ORDER SUPERCEDES ALL PREVIOUS ORDERS AND REMAINS IN FORCE UNTIL YOU ARE ADVISED BY THE SAID SOCIETY THAT IT IS REPLACED BY ANOTHER ORDER OR THAT THE ALLOTMENT SHALL CEASE. THIS ORDER IS APPROVED BY THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION AND SHALL ONLY BE RESCINDED WITH THE APPROVAL OF THE SAID SOCIETY.

Accounts to be allocated	Amount

MEMBER'S SIGNATURE

CREDIT UNION OFFICER

HEAD OF ACCOUNTS DEPT

IECCU ALLOCATION OFFICER

COMPLETION DATE: _____