



INTERNAL STANDING ORDER

THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LTD.

Name: _____

Address: _____

Account No: _____

Telephone Nos. _____

Date: _____

On _____ and on the _____ day
(Date of First Payment) (Date of Subsequent Regular Payments)

of each month/quarter/year please debit my _____ account with the total of \$ _____
(Source Account)

and transfer to the below mentioned accounts as follows:

<u>Account Type</u>	<u>Account Number</u>	<u>Amount</u>
1)	\$
2)	\$
3)	\$

This order is to remain in force until cancelled by me in writing, or otherwise cancelled as stipulated under condition 3 below.

CONDITIONS

1. The member has the exclusive responsibility to ensure that the "Source Account" is always adequately funded in order that the interim and subsequent transfers may be effective on the dates specified above.
2. The Credit Union do not undertake to :
 - a. Inform the member of any lack of funds in the "Source Account".
 - b. Inform the member of the inability to apply payment to the accounts specified above as a result of inadequate funds in the "Source Account".
3. The Credit Union reserves the right to cancel the standing order instruction after three (3) consecutive months of non-payment as a result of inadequate funds in the "Source Account".
4. Notification of such cancellation may be provided at the IECCU' discretion.

Member's Signature _____

Received by: _____ Date _____

Authorized by _____ Date _____