



EXTERNAL STANDING ORDER INSTRUCTIONS

From: Name: _____ Account Number: _____

Address: _____

Telephone # (s) _____ Date _____

To: **THE INSURANCE EMPLOYEES CO-OPERATIVE CREDIT UNION LIMITED**

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

of each month/quarter/year please pay to _____
 (Name of Institution)

for account of _____
 (Name of Beneficiary)

Account Number _____
 (Beneficiary's Account Number)

the sum of _____ (\$ _____)
 (Amount in words)

Debiting my _____ account with the following: _____
 (Source Account)

_____	Amount
_____	Service Charge
_____	GCT
_____	TOTAL

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 payments may be applied on the dates specified above.
2. The Credit Union does not undertake to :
 - a. Inform the member of any insufficient funds in the "Source Account".
 - b. Inform the member of the inability to remit payments as a result of insufficient funds in the "Source Account".
 - c. Remit 'late payment(s)' to the institution (s) indicated if funds are deposited to the "Source Account" after the date specified above. Payment(s) received after the 14th of each month will be remitted the following month.
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 insufficient funds in the "Source Account".
4. Notification of such cancellation may be provided at the Credit Union's discretion.

Member's Signature _____

Received by: _____ Date _____

Authorized by _____ Date _____