

**TO:           The Treasurer  
              UWI (Cave Hill) Co-operative Credit Union Limited  
              Cave Hill Campus  
              St. Michael**

I the undersigned

.....

Hereby authorize and request my employer

.....

To deduct .....

Dollars once each month from my salary and forward the same to my account number  
..... at the UWI (Cave Hill) Co-operative Credit Union Limited with  
effect from .....

I agree that this authorization is irrevocable except with the permission of the UWI (Cave Hill) Co-operative Credit Union Limited. This cancels all previous authorizations.

.....  
Signature of Member

.....  
Signature of Employer

Date:

Date:

**TO:           The Treasurer  
              UWI (Cave Hill) Co-operative Credit Union Limited  
              Cave Hill Campus  
              St. Michael**

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..... at the UWI (Cave Hill) Co-operative Credit Union Limited with  
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<b>To be allocated</b>	Shares savings	\$.....
	Tax deferred shares	\$.....
	Tax deferred savings	\$.....
	Deposits	\$.....
	Special savings	\$.....
	Loan repayment	\$.....
	Line of Credit	\$.....

I agree that this authorization is irrevocable except with the permission of the UWI (Cave Hill) Co-operative Credit Union Limited. This cancels all previous authorizations.

.....  
Signature of Member

Date: