



U.W.I. (CAVE HILL) CO-OPERATIVE CREDIT UNION LIMITED
P.O. BOX 5165, WARRENS BB11000, BARBADOS

ELECTRONIC FUNDS TRANSFER FORM

MEMBER

Name _____
(Title) (First Name) (Middle Name) (Surname)
-BLOCK LETTERS-

Address _____

Telephone Number _____
(Home) (Cell) (Work)

Credit Union Account Number _____

Bank Transfer Amount \$ _____

Withdrawal () Share savings \$ _____
() Deposits \$ _____
() Special savings \$ _____
() Special savings #2 \$ _____
() Line of Credit Advance \$ _____
() Loan \$ _____
() Other \$ _____

TOTAL \$ _____

PAYEE/BENEFICIARY (full name as appears on bank account)

Name _____
-BLOCK LETTERS-

Bank Name () CIBC FirstCaribbean International Bank _____
() First Citizens Bank _____
() Republic Bank _____
() Royal Bank of Canada _____
() Scotiabank _____
() Other _____

Branch location _____

Bank Account Number _____
(Branch Number) (Account Number)

I hereby confirm that I have read, completed and agreed to the terms in the Indemnity form.

Signature

Date