



THE INSURANCE INDUSTRY CREDIT UNION
Co-operative Society Limited

30 Agra Street, St James. Tel.: 622-1354 / 628-8233

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

The Accountant/ Payroll Clerk

Name of Company

Address

I hereby authorize the deduction of \$..... weekly/ fortnightly/ monthly from my salary at the end of 20.....and the deduction of \$..... thereafter to be forwarded to The Manager - The Insurance Industry Credit Union on my behalf.

I further pledge that this authorization cancels all previous deductions and will remain in effect until authorized by The Insurance Industry Credit Union.

NAME: _____ DEPARTMENT: _____

SIGNATURE: _____ DATE: _____ / _____ / _____
Day Mth Year

KEEP THIS PORTION FOR YOUR RECORDS

✂ _____



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NAME: _____ DEPARTMENT: _____

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Day Mth Year

PLEASE STAMP, SIGN, DATE AND RETURN THIS PORTION TO IICU

✂ _____

(FOR IICU OFFICIAL USE ONLY)

Account No.: _____

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Special Loan | \$ _____ | <input type="checkbox"/> Credit Union Shares | \$ _____ |
| <input type="checkbox"/> Special Loan | \$ _____ | <input type="checkbox"/> CUNA F.I.P. Plan _____ | \$ _____ |
| <input type="checkbox"/> Car Loan (New/Used) | \$ _____ | <input type="checkbox"/> CUNA Life Savings Plus | \$ _____ |
| <input type="checkbox"/> Loan and Interest (LN01) | \$ _____ | <input type="checkbox"/> Junior Saver's A/C (1) _____ | \$ _____ |
| <input type="checkbox"/> Loan Insurance | \$ _____ | <input type="checkbox"/> Junior Saver's A/C (2) _____ | \$ _____ |
| <input type="checkbox"/> Payment Protector | \$ _____ | <input type="checkbox"/> Junior Saver's AC (3) _____ | \$ _____ |

Loan Granted: \$ _____ Loan Type: _____ Loan Duration: From: _____ / _____ / _____ To: _____ / _____ / _____
Day Mth Year Day Mth Year