30 Agra Street, St. James
T: 217-4428 (IICU) ▪ 217-8233 ▪ www.iicutt.com

BANKER'S ORDER

This Standing Order replaces any previous Banker's Order lodged with the Bank.

Bank Account Number

The Manager

IICU

Account Type: Shares ☐ Loan ☐ F.I.P. ☐

_____ Junior Savers ☐ L/S Plus ☐

Name of Bank

_____ **IICU Account Number**: _____

Address

_____

Address

Dear Sir/Madam,

Please pay to **THE INSURANCE INDUSTRY CREDIT UNION CO-OPERATIVE SOCIETY LIMITED** the sum of _____ dollars and _____ cents ($_____) monthly, commencing on the _____ day of _____ 20_____ and debit my account on the_____ day of every month accordingly, together with any charges.

Respectfully submitted,

Print Name: _____ Date: _____/_____/_____
Member's Name Day Month Year

Member's Signature: _____

Member's Address: _____

_____

_____