



THE INSURANCE INDUSTRY CREDIT UNION  
Co-operative Society Limited

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

**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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30 Agra Street ▪ St. James  
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NAME: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Mth Year

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

\* \_\_\_\_\_

**(FOR IICU OFFICIAL USE ONLY)**

Account No.: \_\_\_\_\_

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

Loan Granted: \$ \_\_\_\_\_ Loan Type: \_\_\_\_\_ Loan Duration: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day MthYear DayMthYear