

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

## EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Address	
hereby authorize the deduction	of \$ weekly/ fortnightly/ monthly from my salary at the end of
<b>20</b> and the	e deduction of \$ thereafter to be forwarded to The Manager - The
nsurance Industry Credit Union	on my behalf
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turtner pleage that this autho authorized by The Insurance Ir	rization cancels all previous deductions and will remain in effect until ndustry Credit Union.
NAME:	DEPARTMENT:
SIGNATURE:	
	Day Mth Year
KEEP THIS PORTION FOR YOUR	RECORDS
	IIĈĪ
	THE INSURANCE INDUSTRY CREDIT UNION Co-operative Socialy Limited
	30 Agra Street • St. James
	T: 217-4428 (IICU) • 217-8233 • 622-1354/ www.iicutt.com
EMDI 4	OYEE PAYROLL DEDUCTION AUTHORIZATION
EMPL	OTEL TATROLL DEDUCTION AUTHORIZATION
The Accountant/Payroll Clerk	
Name of Company	
name of Company	
hereby authorize the deduction	of \$ weekly/ fortnightly/ monthly from my salary at the end of
hereby authorize the deduction	of \$ weekly/ fortnightly/ monthly from my salary at the end of the deduction of \$ thereafter to be forwarded to The Manager - Th
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hereby authorize the deduction  20 and the description of the deduction of the deducti	the deduction of \$ thereafter to be forwarded to The Manager - The on my behalf.  Prization cancels all previous deductions and will remain in effect until
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hereby authorize the deduction  20 and the surrance Industry Credit Union of further pledge that this authorized by The Insurance In NAME:  SIGNATURE:  PLEASE STAMP, SIGN, DATE AND ACCOUNT NO.:  Special Loan	the deduction of \$
hereby authorize the deduction  20 and the surrance Industry Credit Union of further pledge that this authorized by The Insurance	the deduction of \$ thereafter to be forwarded to The Manager - The on my behalf.  Prization cancels all previous deductions and will remain in effect until industry Credit Union.  DEPARTMENT:  DATE:  DATE:  Day  Mth  Year  PRETURN THIS PORTION TO IICU  (FOR IICU OFFICIAL USE ONLY)  Credit Union Shares  CUNA F.I.P. Plan  SUMMER TO BE TO WASHINGTON TO IICU  SUMMER TO SHARE SUMMER SUMER SUMER SUMMER SUMMER SUMER SUMMER SUMMER SUMER SUM
hereby authorize the deduction  20 and the surrance Industry Credit Union of further pledge that this authorized by The Insurance In NAME:  SIGNATURE:  PLEASE STAMP, SIGN, DATE AND SPECIAL LOAN Car Loan (New/Used)	the deduction of \$
hereby authorize the deduction  20 and the naurance Industry Credit Union of the Insurance Industry Credit Union of the Insurance	the deduction of \$
	the deduction of \$

DayMthYear

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MthYear