



AUTHORISATION FOR DEDUCTION OF PAYMENTS TO THE CREDIT UNION

NAME OF COMPANY:.....

TO: THE MANAGER

I, the undersigned.
(Name in Block Letters)

Hereby authorise and request my employer to deduct.
..... dollars once

bi-monthly/monthly/weekly and credit the same to the account of the AFFINITYPLUS CREDIT UNION LTD.

, with effect from and pay the sum so deducted to the Secretary of the above Credit Union.

All previous authorisations are cancelled and this authorisation may only be cancelled or altered with the authorisation of both the AFFINITYPLUS CREDIT UNION LTD. and myself.

I have read and fully understand the terms and conditions of this authorisation for deduction of payment to the Credit Union form.

.....
Date

.....
Signature of Employee

.....
Account #

.....
Signature of Credit Union Employee

.....
Signature of Employer & Company Stamp