

**ST. KITTS
CREDIT**



**CO-OPERATIVE
UNION LTD.**

P. O. Box 713, New Street, Basseterre, St. Kitts, W. I.
Tel: (869) 465-2272 / 9014 Fax: (869) 465-9296
Email: skccu@caribsurf.com

FULL PAYROLL DEDUCTION FORM

TO: _____

HEAD OF DEPARTMENT

I, the undersigned _____

Hereby authorize and request my employer to forward, in full, my wages or salary once each week or month and credit the same to the account of the ST. KITTS CO-OPERATIVE CREDIT UNION with effect from _____. This authority cancels any previous authorization, and can only be altered or discontinued with the approval of the ST. KITTS CO-OPERATIVE CREDIT UNION.

SIGNATURE

PREPARED BY

DATE

CHECKED BY

COMPANY

.....
TO: The Manager
SKCCU
BASSETERRE

Employee's name:
Account number:

Dear Sir/Madam:

We confirm that the above instruction will be carried out.

Yours co-operatively,

DATE

PLEASE SIGN AND RETURN THIS PORTION