

**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

PAYROLL DEDUCTION FORM

TO: _____
HEAD OF DEPARTMENT

I, the undersigned, _____ ,
of _____ ,
hereby authorize and request my employer to deduct \$ _____ once each
week/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

DATE

PREPARED BY

COMPANY

CHECKED BY

TO: The Manager
S K C C U
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