



GRACE CO-OPERATIVE CREDIT UNION LIMITED



NAME: _____

ACCOUNT # _____

COMPANY: _____

CURRENT DATE: _____

START DATE: _____

TOTAL AMOUNT TO BE DEDUCTED: \$ _____

WEEKLY

FORTNIGHTLY

MONTHLY

SHARES \$ _____ SAVINGS/ DEPOSITS \$ _____ LOAN \$ _____

Regular \$

GOLDEN HARVEST \$ _____ STANDING FIP ORDER Critical Illness \$ _____ PARTNER PLAN \$ _____

As of the above date, the company is hereby authorised to deduct from my salary/wages, the above stated sum and pay to my account.

Signature: _____


