



DATE DD / MM / YYYY

MEMBER NAME

MEMBER NO.

REFERENCE REQUEST TYPE

REFERENCE LETTER EXPRESS REFERENCE LETTER TAX LETTER IMMIGRATION

AND

WORDS & FIGURES FIGURE RANGE BEST PRACTICE

REQUEST

Reference letter issued in the name of

Reference letter addressed to:

Purpose of Reference

AUTHORIZATION TO DEBIT

Please debit account member number Share/Saving Sub in the amount of \$ representing payment for my Credit Reference.

AGREEMENT

- By signing this Credit Reference request, I hereby authorize The CICSACo-op Credit Union to release any additional information required to the above addressee upon contact.
A fee in accordance with current published fee schedule may apply.
A minimum balance of \$100 must be available in the account at the time of request.

MEMBER SIGNATURE

INTERNAL USE ONLY

Table with 4 columns: Description (e.g., LOAN BALANCE, TOTAL LOANS), Currency (CI\$, US\$), and Figure Range.

DATE JOINED: DD / MM / YYYY DELINQUENT: YES/NO DAYS DELINQUENT

PREPARED BY

AUTHORIZED BY



INTERNAL USE ONLY

Is the member a Politically Exposed Person:

Yes

No

	NAME & SIGNATURE	ROLE	DATE
Approved by Business Unit:			
Approved by Compliance:			
Officer Processing the Application:			