



DATE

MEMBER NAME

MEMBER NO.

MEMBER EMAIL

CELLPHONE NO.

EMPLOYER   
PHONE NO.

## REQUIRED DOCUMENTS

- Completed Application
- Employment Letter, no older that 1month.
- Most Recent Pay Slip
- Copy of Valid Driver's Licence or Passport

## REQUEST DETAILS

Amount Request \$

12% Fee \$

Total(Amount & Fee) \$

## AGREEMENT & IRREVOCABLE AUTHORIZATION TO DEDUCTION

For value received I severally promise to pay the CICSACO-OPERATIVECREDITUNIONLTD. (Hereinafter referred to as the "Credit Union") the total amount noted above by salary deduction on or before my next pay date

I will authorize any person, body, or institution whether in the Cayman Islands or elsewhere employing me in future, to deduct from the salary, income, wage or you in writing, is owing by me to The Credit Union, in respect of the repayment of the principal and interest (12%) on a Cash Advance.

If amount is not paid on said date by deduction, I promise to pay total amount over the counter on or before said date by cash or bank draft.

In case of any default as herein agreed, the above name severally promises to pay all fines imposed in accordance with the rules of The Credit Union, for failure to comply with this agreement together with all cost or expenses incurred in the collection of any sum due; also, if the holder hereof default, shall place the above in the hands of an attorney-at-law for collections, and to pay all cost incurred.

This authority to deduct is irrevocable and may not be amended, cancelled or withdrawn without the written consent of The Credit Union.

I give the Credit Union authorization to open or reactivate my savings account 4. Initial

I give the Credit Union authorization to open or reactivate my savings account for the Credit. Initial

I give the Credit Union authorization to allocate my funds to pay off my Cash Advance or I have completed a payroll allocation slip. Initial

I understand that I may be contacted by the Credit Union prior to the disbursement of the Cash Advance to increase my salary deduction and I will need to visit the Credit Union to do so. Initial

MEMBER SIGNATURE

## FOR CREDIT UNION USE ONLY

RECEIVED & CALCULATED:  POSTED BY:

Amount Required Feed Deducted

CONFIRMATION OF DEDUCTION:  VERIFIED BY:

Fee Credit to GL

SAV 4 OPENED OR REACTIVATED:

Amount Paid or Deposited.



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:			