



CREDIT UNION

Cayman Islands Civil Service Association
Co-operative Credit Union Limited

Standing Order Request

Date: _____

Member Name: _____ Member Number _____

PO Box _____ KY Code _____ Phone Number _____

Please deduct from my Shares / Savings Account, the sum of CI\$ _____
(Amount in Words)

CI\$ _____ on the _____ day of each month commencing on the month of
(Amount in figures)

_____, 20 ____ and pay to _____
(Name of Company or Bank)

Address _____ in respect of monthly payments on
policy or account number _____.

Member's Authorization

Witness (CU staff member, JP or Notary Public)

Special Notes

- A payment falling due on a non-business day will be processed on the preceding business day.
- The Credit Union does not undertake to pay after the due date, any payment which has not been processed on the due date owing to lack of funds nor does it undertake to advise its Member of non-payment on said due date owing to the lack of funds. After the account to be charged has shown a lack of funds for three payments out of the last 6 consecutive payments, this Standing Order will be liable for immediate cancellation by the Credit Union without written notice.

I acknowledge that there is a one time CI\$5.00 set up fee and also a CI\$5.00 admendment fee and that there is a service charge of CI\$ 10.00 for each Standing Order processed.

Member's Signature