COK SODALITY CO-OPERATIVE CREDIT UNION LTD.
Invest in your future today!

AUTHORIZATION FOR WAGE OR SALARY DEDUCTION

Member Name: _____ Member #:_____

Company Name: _____ Department: _____

Employee #: _____ Position/Title_____

Dear Sir/Madam,

This serves as your authority to **commence/increase/decrease** deductions from my ( ) **monthly**,

(**) fortnightly**, ( ) **weekly** salary the sum of $_____ to $_____ effective

_____ to COK Sodality Co-operative Credit Union Limited.

_____

Employee Signature

THIS ORDER CANCELS ALL PREVIOUS ORDERS AND SHALL REMAIN IN FORCE UNITL COK SODALITY CO-OPERATIVE CREDIT UNION LTD ADVISES YOU IN WRITING

(To be detached and returned to COK Sodality Co-operative Credit Union Limited)

EMPLOYEE NAME: _____ EMPLOYER: _____

COK A/C NO.: _____ TRN_____EMPLOYEE #:_____

This serves to acknowledge receipt of the referenced employee's irrevocable authority for **monthly/fortnightly/weekly** deductions of $_____ with effect from _____

Name: _____ Position_____

Signature: _____ Company Stamp:

THE ALLOCATION OF DEDUCTIONS IS AS FOLLOWS (TO BE COMPLETED BY THE CREDIT UNION)

BRANCH: _____

Accounts	Account Number	Amount ($)		Loan Type	Account Number	Amount ($)
Shares				Loan Within Shares		
Golden Egg				Loan Within Deposit		
Standing Order				Motor Vehicle		
FIP				Home Equity		
Golden Harvest				Mortgage		
Partner				Ratio		
Pension				Micro		
CARES/SHIELD				Other:		
External Standing Order						
Other:						
TOTAL DEDUCTIONS		$				

FOR OFFICIAL USE:

Payroll Input: ....
Input Officer Signature Date

Checked By: ....
Supervisor/Manager Signature Date

Revised February 2020