

## Laborie Co-operative Credit Union Ltd.

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1			
Date:	Branch:	Account Number:	

L				Autho	 orizat	tion to	With	draw			
I/We,											
hereby authoris	ze										
to make withdr	awals froi	m my / oı	ır: [	Fixed Depos This order i		Vision A/C	•	Shares led by me.	☐ Deposi	ts	Loan
Signature	of Memb	per	Signa	ture of Joint (	Owner	Signatur	e of Autho	rized Person	Signatur	e of Credit	Union Official
				Informa	ation Ab	out Authori	zed Third	Party			
Name of Autho	orized Per	rson:									
Relationship to Member:											
Home Address	::										
Postal Address	::										
Employer:						Occ	cupation:				
Work Address	:										
Contact Number	ers:	Home:				Work:			Cell:		
Marital Status:		☐ Sin	gle	☐ Ma	rried	☐ D	ivorced	☐ Wi	dowed	Com	mon Law Union
NIC Number:							Date of	f Birth:			
ID Type							ID Nur	mber:			
Email Address:											
					For (	Official Use	Only				
Processed By:							-		Sign	nature	
Date of cancellation:					Name of	Person maki	ing				