

Laborie Co-operative Credit Union Ltd.

Allan Louisy Street, Laborie | Clarke Street, Vieux Fort Phone: 1 (758) 459-6900 | 1 (758) 459-6930 Fax: 1 (758) 455-9289 | 1 (758) 454-6069

Website: www.mylaboriecu.com | Email: info@mylaboriecu.com

Date:			Branch:				
Signature Form							
Name of Organization:						Account Number:	
At a meet	ting of the a	bove organi	zation he	eld on			
It was agreed that the following members be authorized to sign and withdraw monies from the above account of the organization held at the Laborie Co-operative Credit Union ltd.							
Name:			Na	me:		Name:	
Position:			Pos	sition:		Position:	
Address:			Ad	ldress:		Address:	
Telephone:		D.O.B:	Tel	ephone:	D.O.B:	Telephone:	D.O.B:
Occupation:			Oc	Occupation:		Occupation:	
ID Type:		ID No.:	ID	Type:	ID No.:	ID Type:	ID No.:
Nationality:			Na	Nationality:		Nationality:	
E-mail Address:			E-1	E-mail Address:		E-mail Address:	
Signature				Signature		Signature	
It was also agreed that:							
all three must sign			☐ a:	nyone and the Treasure	er must sign	any two can sign	
Other Please specify:							
Yours Faithfully							
Secretary						President Chairman	
Secretary						Preside	nt Chaifhian
Approved By: Lucius Ellevic - General Manager Date:							