



SALARY DEDUCTION AUTHORIZATION FORM

TO: _____
EMPLOYER NAME

Effective _____ please deduct from salary/wages the sum of
DATE

_____ (\$ _____) on a

weekly/fortnightly/monthly basis and forward to **C&WJ CO-OPERATIVE CREDIT**

UNION LTD. This authorization can only be revoked with the agreement of the said
C&WJ Co-operative Credit Union Limited.

Employee Name: _____ Account #: _____
PRINT

Employee Signature: _____ Date: _____

Credit Union Officer: _____

TO: C&WJ CO-OPERATIVE CREDIT UNION LIMITED

We, _____ hereby agree to effect the
EMPLOYER NAME

above salary deduction starting _____ and remit same to C&WJ
DATE

Co-operative Credit Union Ltd. This authorization can only be revoked with the agreement
of the said C&WJ Co-operative Credit Union Ltd.

Employer's Representative Name: _____
PRINT

Employer's Representative Signature: _____

Date: _____ Employee # _____

Please Note: This form should be done in duplicate and the original returned to the Credit Union.