



ACCOUNT No.:

# NOTICE TO CEASE DEDUCTIONS

I, the undersigned .....

of.....

do hereby authorize the management of the Barbados Public Workers' Co-operative Credit Union Limited to inform my employer

.....

that I am having my Credit Union deductions of \$ ..... Weekly/Bi-monthly/ Monthly ceased

with effect from .....

until further notice.

SIGNATURE: ..... DATE (mm/dd/yyyy): .....

**FOR OFFICIAL USE ONLY**

NAME OF STAFF MEMBER VERIFYING ACCOUNT *(please print)*: .....

SIGNATURE OF STAFF MEMBER VERIFYING ACCOUNT: ..... DATE (mm/dd/yyyy): .....

NAME OF STAFF MEMBER PREPARING CORRESPONDENCE TO EMPLOYER *(please print)*: .....

SIGNATURE OF STAFF MEMBER PREPARING CORRESPONDENCE TO EMPLOYER: .....

DATE OF PREPARED CORRESPONDENCE (mm/dd/yyyy): ..... DATE MAILED OUT (mm/dd/yyyy): .....