



ACCOUNT No.:

# AUTHORIZATION FOR WITHDRAWAL-OVERSEAS MEMBERS

## 1. PERSONAL INFORMATION (Where permanent address is new, evidence of permanent address is required, e.g. account statement, utility bill, etc.)

MR.  MRS.  MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE No.(s): Home: Work: Ext.:

Mobile:

EMAIL ADDRESS:

## 2. METHOD OF TRANSACTION (Please note that disbursements are NOT made in cash)

**Pay Cheque to** (To have funds paid to an individual or organisation in Barbados)

FULL NAME OF PAYEE: .....

ADDRESS/ACCOUNT No. IF APPLICABLE: .....

TELEPHONE No.(s): .....

## 3. SELECT ACCOUNT WITHDRAWAL OPTION

Shares: \$ ..... Deposits: \$ ..... Premiere Plan: \$ ..... Line of Credit: \$ .....

Other: ( ) \$ .....

**TOTAL AMOUNT:** (B'dos) \$ .....

## 4. REASON FOR WITHDRAWAL (evidence must also be provided)

Education  Maintenance  Sale/Purchase of Real Estate  Other (Specify) .....

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**I understand and agree that all associated costs shall be borne by me.**

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

**The Credit Union reserves the right to verify all transaction by any means necessary.**

**5. FOR OVERSEAS APPLICANTS ONLY**

**NOTARIAL CERTIFICATE:**

I ..... , Notary Public in and for the Country/State/Province/County of ..... do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named ..... the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this ..... day of ..... 20 .....

*PLACE NOTARIAL STAMP HERE*

.....  
Notary Public in and for the Country/State/Province/County of .....

**FOR OFFICIAL USE ONLY**

NAME OF STAFF MEMBER COMPLETING TRANSACTION *(please print)*:

SIGNATURE OF STAFF MEMBER COMPLETING TRANSACTION: ..... DATE (mm/dd/yyyy): .....

NAME OF STAFF MEMBER AUTHORIZING TRANSACTION *(please print)*:

SIGNATURE OF STAFF MEMBER AUTHORIZING TRANSACTION: ..... DATE (mm/dd/yyyy): .....

NAME OF STAFF MEMBER VERIFYING TRANSACTION *(please print)*:

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