



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):