



Authorization Agreement for FND Enterprise Cooperative Credit Union Ltd Direct Deposit

Please review and complete the following information.
Take this form to your employer's Human Resource Office.

Name:

Address:

Social Security #:

Company Name:

Company Address:

Deposit Instructions

Deposit entire amount to Saving Account #:

Deposit \$ to Savings Account #:

FND Enterprise Cooperative Credit Union Ltd
P. O. Box 507
Bladen Commercial Development
Basseterre, St. Kitts

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my FND Enterprise Cooperative Credit Union Ltd checking or saving account.
- FND Enterprise Cooperative Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____

Date: _____