

**BARBADOS TEACHERS' CO-OPERATIVE
CREDIT UNION LIMITED.
JOHN.W. LOVELL BUILDING
LOWER COLLYMORE ROCK,
ST. MICHAEL, BB11115
BARBADOS.
TEL: (246) 426-3657 FAX: (246) 437-3499
E-MAIL: barteachcredit@caribsurf.com
Website: www.barteachcu.com**

SALARY AUTHORISATION FORM

TO:

FROM:

WORK PLACE:

Dear Sir/Madam:

Please deduct from my salary the sum of \$.....monthly, and pay the same to the account of the **Barbados Teachers' Co-operative Credit Union Limited.**

The first deduction is to be taken from my salary in the month of
20.....

I AGREE THAT THIS AUTHORIZATION IS IRREVOCABLE EXCEPT WITH THE WRITTEN PERMISSION OF THE BARBADOS TEACHERS' CO-OPERATIVE CREDIT UNION LIMITED.

SIGNATURE: DATE:

WITNESS: DATE:

N.B. PLEASE CANCEL PREVIOUS DEDUCTIONS.