

**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](mailto:barteachcredit@caribsurf.com)  
Website: [www.barteachcu.com](http://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.**