



Date: _____

Employer: _____

Address: _____

TO WHOM IT MAY CONCERN

RE: SALARY DEDUCTION

Please be advised that _____ AC# _____ is a member of **TRANQUILLITY CREDIT UNION**, and request that the amount of \$ _____ be sent Weekly/Monthly/Fortnightly to the aforementioned Office at #5 Maraval Road, Newtown, Port of Spain. This request should be effective from _____ and irrevocable unless cancelled in writing by the above-named Credit Union.

Please confirm that you have acceded to our request by returning the copy of this letter duly stamped and signed.

We look forward to your prompt and kind co-operation.

Yours Cooperatively,

For and on behalf of
TRANQUILLITY CREDIT UNION

Credit Union Representative

Member Signature



NB. THIS FORM REPLACES ALL FORMS RECEIVED PREVIOUSLY
Sign, Stamp and return copy to Tranquillity Credit Union