

Date:	
Bank / Credit Union:	
Address:	5 w
TO WHOM IT MAY CONCERN	
TO WHOM IT MAT CONCERN	
RE: PAYMENT DEDUCTION FOR:	AC#
	is member of the above-named Credit
Union, and request that the amount of \$	be deducted from his/her
Account# and remit to:	
Tranquillity Credit Union, of No 5 Maraval Road, Newtown, Port of Spain.	
Bank Name: Republic Bank Limited	Branch: Promenade Center, Port-of-Spain
Account No.: 090754992301	Route No .: 010100903
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 ou stamped and signed.	ar request by returning the copy of this letter duly
Thanking you for your prompt attention to thi	s matter.
Yours Cooperatively,	
For and on behalf of TRANQUILLITY CREDIT UNION	
Credit Union Representative	
Member Signature	