



**G.U.T CO-OPERATIVE CREDIT UNION STANDING ORDER**

DATE:	ACCOUNT NO.
NAME:	
SCH./DEPT./FIRM:	
JOB TITLE:	
ACCOUNTS DEPT:	

Effective \_\_\_\_\_ and every month there after, please cause the sum of \_\_\_\_\_ \$ \_\_\_\_\_ to be deducted from my salary and pay to the G.U.T Co-operative Credit Union limited P.O.Box 2040, Corner Grenville and St. John's Streets St. George's.

This order supersedes the previous order and remains in force unless cancelled in writing by the Manager of the Credit Union.

Signature: _____	Savings	\$ _____
	Loan 1	\$ _____
	Loan 2	\$ _____
	Loan 3	\$ _____
	SSA	\$ _____
	SGA	\$ _____
	Sub	\$ _____
	Other	\$ _____
	Total	\$ _____

Witness: \_\_\_\_\_



**G.U.T CO-OPERATIVE CREDIT UNION STANDING ORDER**

**COMPANY**

DATE:	ACCOUNT NO.
NAME:	
SCH./DEPT./FIRM:	
JOB TITLE:	
ACCOUNTS DEPT:	

Effective \_\_\_\_\_ and every month there after, please cause the sum of \_\_\_\_\_ \$ \_\_\_\_\_ to be deducted from my salary and pay to the G.U.T Co-operative credit union limited P.O.Box 2040,Corner Grenville and St. John's Streets St. George's.

This order supersedes the previous order and remains in force unless cancelled in writing by the Manager of the Credit Union.

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_