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The Accountant

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Dear Sirs,

This serves as your authority to remit all monies owing to me, except those that are outlined below, to Palisadoes Co-op Credit Union Ltd. in the event that I am separated from the company for whatever reasons.

- Pension proceeds
- Amounts owing to you my employer

In addition, you are also authorized to advise the Credit Union of the termination of my employment. This authorization can only be rescinded upon the written instructions of Palisadoes Co-op Credit Union Ltd.

In acknowledgement and agreement to this request, kindly sign below and return same to the Credit Union.

Sincerely Yours,

..... (signature)

..... (name in script)

.....
Acknowledgement and agreement to request of employee

We acknowledge and agree to comply with the request stated above.

Authorized Signature: Name:.....

Title:..... Co. Stamp:.....

(Please note that form must be signed by Financial Controller or Senior H.R. Director)