

REQUEST FOR REDUCTION/CEASING OF SALARY DEDUCTION

Name of member _____

Member A/C# _____

Company _____

Department _____

Kindly use this as your authority to cease/reduce salary deduction amount to _____ (_____) weekly/fortnightly/monthly effective _____.

Thanks.

Signature

ID Number

FOR CREDIT UNION USE ONLY

Share balances as at _____ \$ _____
\$ _____

Loan balances as at _____ \$ _____
\$ _____