AGRICOLA
CREDIT UNION

DIVIDENDS ACH AUTHORIZATION FORM

Member's Name *(Block Letters):* …………………………………………………

Contact Number: …………………… NID/DP/PP Number ……………………

Agricola Account #: ……………………….

Please select relevant Bank:

{ } First Citizens Bank   { } J.M.M.B Bank (T&T) Ltd.

{ } RBC Royal Bank of Canada   { } Republic Bank Limited

{ } Scotia Bank   Scotiabank Transit No._____ *(Mandatory)*

{ } Other **Local** Commercial Bank Name:_____

Bank Account #: ………………………………………….

Branch………………………………………………….

Bank Account Type: **Savings** ☐   **Chequing** ☐

Authorization

I, the above-named member, hereby **authorize** Agricola Credit Union to credit the Bank account number listed above with *my Dividends &/Rebate on my Ordinary Deposit Account for the financial year 2022.*

Member's Signature: _____   **Date:** _____

Prepared by Signature: _____   **Date:** _____

Checked by Signature: _____   **Date:** _____

Approved By Signature: _____   **Date:** _____

FOR OFFICIAL USE ONLY:

Dividends: _____

Rebate: _____

Total: _____

PLEASE NOTE THAT THIS PROCESS WILL BE DONE WITHIN 3 WORKING DAYS FROM DAY DIVIDENDS COMMENCE.   FORM UPDATED MARCH 21ST 2024