



DIVIDENDS ACH/BANK TRANSFER 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 2023.*

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 NOVEMBER 28TH 2024