

Stanco Credit Union, Limited



Date: _____

To Whom It May Concern:

I/We _____ authorize Stanco Credit Union, Limited to debit

Route _____ and transit # _____, Account # _____

The amount of \$ _____ (weekly, bi-weekly, SEMI-MONTHLY, monthly, one time only). Effective the _____ day of _____.

This is to be credited to my Stanco Credit Union, Limited Account # _____

Member's Signature

Member's Signature

ATTACH VOID CHEQUE BELOW

