DIRECT DEPOSIT AUTHORIZATION FORM

AMGECU A/C#: _____

I _____ hereby give consent for payments to be
          [Member Name]

made from my *(please tick)* Shares ☐ Dividends ☐ Special/Ordinary Deposit ☐

Education / Christmas Savings ☐ Loan ☐ or Other ☐ account directly to my bank account

with the information provided below.

Account Name:	
Bank:	☐RBC Limited
	☐First Citizens Bank
	☐Scotia Bank Trinidad & Tobago
	☐CITIBANK LIMITED
	☐JMMB
	☐Republic Bank Limited
Branch Location:	
Account Type	☐Savings
	☐Chequing
Account Number:	
For Scotia Bank Customers ONLY	
Bank Transit #:	**Account #:**

I acknowledge that AMGECU Credit Union is not liable for any incorrect information submitted on this form. I understand that the ACH banking information stated herein supersedes all other ACH banking information previously submitted.

Member's Signature: _____ Date: _____/_____/_____
                                                             D   M   Y

FOR CREDIT UNION OFFICIAL USE ONLY

Received by: _____ Date: _____/_____/_____
                      [Employee Signature]   D   M   Y