

UNIVERSITY OF THE WEST INDIES (CAVE HILL) CO-OPERATIVE CREDIT UNION LTD.

PERSONAL ACCOUNT CREDIT TRANSFER FORM

DATE.....BOOK NO.....

NAME.....
 (Name in Block Letters)

I the undersigned do hereby authorise the transfer of the sum of:.....

.....dollars and.....cents

as shown below:-

FROM	AMOUNT \$		TO	AMOUNT \$	
Shares			Deposits		
Deposits			Shares		
Fixed Deposit			Special Savings		
Special Savings			Fixed Deposit		
			Loan		
			Other.....		
TOTAL			TOTAL		

.....
Signature

.....
Date