STANDING ORDER PAYMENT REQUEST

Date Member Account # Member Name

Home Address Telephone

Work Address Work Telephone #

Is there a standing order payment in force at this time? Yes ( ) No ( )

Is this an addition to the present standing order? Yes ( ) No ( )

NO.	PAYEE	OFFICE/USE T-CODE	AMOUNT $	FIRST PAY D/D	F	PARTICULARS

T = Transaction M = Monthly J = Adjust A = Append F = Frequency D = Delete Q = Quarterly

Note: *Where funds are inadequate to meet all payments, priority will be given as listed above. Where this is an addition to an existing standing order, these will be listed at the end of the previous list.*

I hereby authorize COK Sodality Co-operative Credit Union Limited to deduct from my standing order account, only the amount shown in "Total" above, and to make payments on my behalf as listed above. I agree to pay all the charges and penalties for this service which is now in force, and may be imposed by the Board from time to time. I also understand and agree that the Credit Union reserves the right to discontinue these payments without prior notice and that the Credit Union will not be liable for any loss resulting from the non-payment of any standing order.

I understand that it is my obligation to ensure that the requisite sum for payment, pursuant to the Standing Order herein, is in my account at all times. I agree that no funds will be taken from my shares to effect any such payment due hereunder.

I further understand and agree that any modification of the payment terms herein must be made in writing to COK Sodality Co-operative Credit Union Limited at least one (1) month prior to the effective date of such modification. This includes any modification of payment schedule and or sums payable as well as any request for discontinuation of said payments hereunder.

Signature Date

Witness Date