TRINTOC (PENAL) CREDIT UNION CO-OPERATVE SOCIETY LIMITED

90A Clarke Road, Penal, 710424, Trinidad, West Indies
Tel: (868) 270-7966, 270-7964, 333-0605, 348-5584 * email: info@trintocpenalcu.com

MEMBER AUTOMATED CLEARING HOUSE (ACH)/ONLINE TRANSFER FORM
(COMPLETE IN BLOCK LETTERS)

Title: Mr. ☐   Mrs. ☐   Ms. ☐   Miss ☐   TPCU's Account No. _____

_____   _____   _____
First Name   Middle   Surname

Home Address: _____

Tel. # Home: _____   Mobile #: _____   Email _____

Passport #: _____   ID #: _____   DP #: _____

Nationality _____   Country of Residence _____

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BANK INFORMATION

Bank Name_____

Bank Address: _____

Branch: _____   Amount to be transferred ($……………………………………………………..............)

Type of account: Savings ☐   Chequing ☐   Loan ☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MEMBER'S DECLARATION

I, _____confirm that the information provided to the Trintoc (Penal) Credit Union Co-operative Society Limited is true and correct to the best of my knowledge. I agree to adhere to the Bye-laws and rules governing the operations of the Credit Union, to use the services of the Credit Union for valid purposes only and to refrain from using the services for the purpose of Money Laundering and / or Terrorist Financing.

_____   _____/_____/_____
Signature of Member   YY / MM / DD

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FOR OFFICIAL USE ONLY:

Type of transaction: Loan ☐   Share withdrawal ☐   Deposit withdrawal ☐   Fixed deposit withdrawal ☐

_____   ____/____/___   _____   ____/____/___
Credit Union Representative   YY / MM / DD   Compliance Officer - Signature   YY / MM / DD