

**St. Lucia Teachers' Credit Co-operative Ltd.**

**Electronic Fund Transfer Request Form**

**Member Information:**

Member Name: \_\_\_\_\_

A/C #: \_\_\_\_\_ Contact # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Amount \_\_\_\_\_

Source of Funds:     Deposits                       SSSA                       Loans

Reason for transfer \_\_\_\_\_

**Banking Information:**

Receiving Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Name on Account \_\_\_\_\_

Account Type (please check only one)     Checking                       Savings

**Authorization:**

Please sign below to confirm that you are authorizing SLTCC to transfer payment on your behalf to the account mentioned above.

.....  
Member's Signature

.....  
Date

.....  
Employee's Signature

.....  
Date

***Please note that transfers are processed within 24 hours.***

---

Ref# \_\_\_\_\_

Date processed \_\_\_\_\_

Imported by .....

Approved by .....