



DIVIDEND PAYMENT/ALLOCATION 2025

Please complete and return this form to the Credit Union's Office on or before 29th May 2026 either by hand or via email to: accounts@secucredituniontt.com

NAME..... ACCOUNT #: ID#.....

ADDRESS:

Cheque Payable to: SELF OTHER:

ACH: **Please attach bank statement extract showing: your name, the name of the bank and account number**

To be collected at: H.O. CHAGUANAS PRINCES TOWN TOBAGO

OR

Allocate to: LOAN FIP MEDICAL PLAN OTHER

Signature:

Authorised Personnel

RECEIVED BY: DATE:

Cheque No: Cheque Amount:..... Cheque Date:.....
