



DIVIDEND PAYMENT/ALLOCATION 2023

Please complete and return this form to the Credit Union's Office on or before **13th May 2024** 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:.....



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