THE COMMUNAL CO-OPERATIVE CREDIT UNION LIMITED

SUSU $$ SAVINGS PLAN APPLICATION FORM

Account #_____

Name of Applicant_____

Address_____
HOME

Address_____
MAILING

Phone Numbers _____/_____/_____
Land Line Digicel Cable/Wireless

Tick the box for which plan you desire:

		Start Date	Amount	End date
☐	16 weeks plan	_____	$_____	_____
☐	24 weeks plan	_____	$_____	_____
☐	36 weeks plan	_____	$_____	_____
☐	48 weeks plan	_____	$_____	_____

Method of Payment

☐ To pay cash weekly

☐ To pay cash fortnightly

☐ To pay cash monthly

☐ Debit my savings account weekly

☐ Debit my savings account fortnightly

☐ Debit my savings account monthly

Signature of Applicant_____ Signature of Witness_____

List payment in boxes below when they are made.