



Toledo Teachers Credit Union LTD.

Queen Street, Punta Gorda Town, Post Office Box 95

Toledo District, Belize C.A.

www.ttcupg.org

Re: Authorization Form

Date: _____

Account #: _____ Group: _____ Branch: _____

I, _____, hereby authorize _____
with SSC # _____ to withdraw from my account as of this date _____.

Phone #: _____

(Signature of Authorized)

(Signature of Account Holder)

(Printed Name of CSR 1)

(Signature of CSR 1)

(Printed Name of CSR 2)

(Signature of CSR 2)

This application was approved by the Board of Directors on _____

For and on behalf of the Board of Directors by: _____