

UNIVERSITY OF GUYANA CO-OPERATIVE CREDIT UNION LIMITED

Registered No. 1849

SAVINGS WITHDRAWAL SLIP

DATE:

MEMBERS NAME: SECTION/FACULTY:

AMOUNT REQUESTED:DOLLARS

\$

I prefer payment to be made by (please tick one)

MMG

Bank

My Bank/MMG account number is.....

.....

Member's Signature

AMOUNT AVAILABLE

Amount approved for payment(\$.....)

Approved by: Date:.....

The original application is to be submitted before payment.

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