



Outgoing Online Banking Authorization Form

New Request

Modified Request

RECEIVER/BENEFICIARY INFORMATION

Beneficiary Name

Bank Name

Branch/Transit No.

Account Number

Savings

Chequeing

Other

Purpose/Reason for Transfer: _____

MEMBER INFORMATION

Sender/Member Email Address

Tel/Cell No.

I/We _____ (sender/member name)

of _____ (address) do hereby authorize

St. John's Credit Union Ltd, 4 Basra Street, Belize City, Belize to debit my/our account number _____ and

transfer \$ _____ (input amount in numbers here, input amount in words below)

from **my/our deposit/shares** to the above mentioned account number for online banking transfer.

I/We also authorize to debit my/our account with any charges associated with this requested transfer

I/we confirm that all the information provided above is true and correct.

Signature

Print Name

Date

Signature

Print Name

Date

Please present a valid Social Security card or Passport along with this form to confirm your identification.

Notice: The Receiver is responsible for providing the Source of Funds or any other information required by the respective financial institution.