

GROUP ACCOUNT MANDATE FORM

NAME OF THE SOCIETY/GROUP: -

ADDRESS: -

TEL:-

We request:

- i. That an account be opened in the name of our society/group with St. Paul-Kpehe Co-operative Credit Union.
- ii. That the signatories named below and in the combination specified be authorized on behalf of the society:
 - a) To accept and agree to sign this agreement, including the credit union service terms and conditions; upon which the union provides account and service from time to time.
 - b) To enter into any agreement with the credit union for other banking products or services which they may consider to be in the interest of the society from time to time.
 - c) To sign all payment vouchers and other orders for payment or disposal of money or securities.
- iii. That all agreements and authorities are to operate in all respect and where applicable in favour of the credit union.

By signing below we further accept and agree that the credit union can make credit reference and other enquiries about the society now and the future for the purpose of considering any request for services and credit facilities from us

(

)

President

Secretary

)

(

The combinations of individuals authorized to give instructions to the Credit Union are (Please indicate by ticking any one of the boxes applicable, otherwise give your own specification.)

Any one of the following

Any three of the following

Any two of the following

The first named person and any other one

Specify any other combination you would wish to have:

	NAME:	<u>SIGNATURE</u>
	POSITION:	
PICTURE	NIA No:	
	TEL:	
	Address:	
PICTURE	NAME:	<u>SIGNATURE</u>
	POSITION:	
	NIA No:	
	TEL:	
	Address:	
PICTURE	NAME:	<u>SIGNATURE</u>
	POSITION:	
	NIA No:	
	TEL:	
	Address:	