



DATE

MEMBER NAME

MEMBER NO.

REFERENCE REQUEST TYPE

REFERENCE LETTER EXPRESS REFERENCE LETTER TAX LETTER IMMIGRATION

AND _____

WORDS & FIGURES FIGURE RANGE BEST PRACTICE

REQUEST

Reference letter issued in the name of

Reference letter addressed to:

Purpose of Reference

AUTHORIZATION TO DEBIT

Please debit account member number Share/Saving Sub in the amount of \$

representing payment for my Credit Reference.

AGREEMENT

By signing this Credit Reference request, I hereby authorize The CICSA Co-op Credit Union to release any additional information required to the above addressee upon contact.

A fee in accordance with current published fee schedule may apply.

A minimum balance of \$100 must be available in the account at the time of request.

MEMBER SIGNATURE

INTERNAL USE ONLY

LOAN BALANCE: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
LOAN BALANCE: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
LOAN BALANCE: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
LOAN BALANCE: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
TOTAL LOANS: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
SHARES BALANCE: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
SAVING BALANCE: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
CASH ADVANCES: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>
FIXED DEPOSIT: CI\$	<input type="text"/>	US\$	<input type="text"/>	FIGURE RANGE	<input type="text"/>

DATE JOINED:

DELINQUENT: YES/NO DAYS DELINQUENT

PREPARED BY

AUTHORIZED BY