

DATE:.....

**TO: THE MANAGER
SEYCHELLES CREDIT UNION
P.O.BOX 342
VICTORIA**

Please pay to.....

On.....and on the.....day of each month/quarter/year, for the
account of.....

the sum of SR.....(words).....

Debiting my/our Account No.....plus charges.

This order is to remain in force until.....

Unless cancelled by me/us in writing.

NAME:.....

ADDRESS:.....

SIGNATURE:.....

NB: The SCU does not undertake to effect after due date any payment not effected, nor does it undertake to advise its customers of non-payment on due date as a result of insufficient funds.