

AUTHORIZATION FOR \$100.00 TAX EXEMPTION ON EARNED INCOME

Member's Name		Social Sec	urity Number	Member's No.
l.	AUTHORIZATION AND PRINCIPAL ACCOUNT			
	10% of the <u>non-exe</u> submit such retent	empt interests I ion directly to horization will b	earn in my dep the Honorable e in effect froi	el Carrión Jr. to retain osit accounts, and to Puerto Rico Treasury m the date of signing
	The account I want savings account.	t the \$100.00 ex	emption be cor	nsidered is my regular
II.	GENERAL INFORMATION AND MEMBER'S SIGNATURE			
	I understand that the Cooperativa de Ahorro y Crédito Rafael Carrión Jr. will apply the corresponding exemption and retention only to the member whose name, address and Social Security number appear in this authorization.			
	Address:			
				Zip Code
	Telephone:			
III.	CANCELLATION OF RETENTION			
	☐ I authorize the Cooperativa to cancel the retention of non-exempt interests I earn in my savings account.			
	Member's Signat	ture		Date
	Authorized Signat	cure		Date