

## AUTHORIZATION FOR \$100.00 TAX EXEMPTION ON EARNED INTEREST

		X	XX-XX-	
Member's Name		Soc	cial Security Number	Member's No.
I.	AUTHORIZATION AND PRINCIPAL ACCOUNT			
	I authorize the Cooperativa de Ahorro y Crédito Rafael Carrión Jr. to retain 10% of the <u>non-exempt</u> interests I earn in my deposi accounts, and to submit such retention directly to the Honorable Puerto Rico Treasury Secretary. This authorization will be in effectrom the date of signing until it is canceled by me, in writing.			
	The account I want the \$100.00 exemption be considered is my regula savings account.			
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 Sign	ature		Date
	Authorized Sign	ature		Date