



TO BE COMPLETED IN TRIPLICATE

Government of Saint Lucia

SALARY ASSIGNMENT/ DEDUCTION ORDER

Date: __/__/20__

Accountant General
Accountant General's Department
CASTRIES

I, the undersigned employee
(Please tick appropriate deduction amount below)

(PLEASE PRINT NAME)

hereby authorize you to pay

dollars

cents (\$_____)

[] the full amount

of my salary/gratuity to St. Lucia Civil Service Co-op Credit Union LTD
(Name of institution/Third Party - PLEASE PRINT) for the credit of my

account # (If applicable) commencing (month/year) and ending (month/year) if applicable

This instruction can only be altered or cancelled according to the condition(s) selected below.

[] Can be revoked only by the written authorization of St. Lucia Civil Service Co-op Credit Union LTD
(Name of institution/Third Party - PLEASE PRINT)

[] Can be revoked by the undersigned customer or written authorization of
St. Lucia Civil Service Co-op Credit Union LTD
(Name of institution/Third Party - PLEASE PRINT) (whichever is earlier).

[] Can be revoked only by the written authorization of the undersigned customer.

In consideration of your compliance I hereby release and discharge the Accountant General's Department from any liability it might incur in satisfying these instructions. Kindly imprint your stamp and signature as confirmation of receipt and acceptance of these instructions and return a copy to

St. Lucia Civil Service Co-op Credit Union LTD

(Name of institution/Third Party - PLEASE PRINT)

Yours faithfully

Employee's signature

Ministry (PLEASE PRINT)

Department (PLEASE PRINT)

Authorized Signature (Ministry/Department)

Authorized Signature (Institution/Third Party)

Description/Pay Element

Start Date

Stop Date

Amount

\$ _____

\$ _____

Certified Correct:

Date:

Entered in SmartStream:

Date:

* All dates must be in the form mm/dd/yyyy *