

SALARY DEDUCTION ORDER

STAFF NUMBER

PAY AREA

NAME (BLOCK LETTERS) _____

DEPARTMENT/MINISTRY _____

hereby authorize you to deduct from my salary and pay

MONTHLY AMOUNT _____ STARTING DATE _____

to the St. Lucia Civil Service Co-operative Credit Union LTD.

APPROVED _____ SIGNATURE _____
MANAGER APPLICANT

N.B. THIS ORDER IS IRREVOCABLE. NO ALTERATION OR VARIATION SHALL BE OF ANY EFFECT UNLESS IT BEARS THE STAMPED APPROVAL OF THE MANAGER OR SOME OTHER OFFICIAL OF THE CREDIT UNION.

SIGNATURE (VOTES CLERK OR SALARIES CLERK)
Please apply department stamp