

Government of Saint Lucia

TO	BE	COMPL	ETED	IN	TRIPLICATE
	-				

This order replaces previous
This order is in addition to previous

SALARY ASSIGNMENT/ DEDUCTION ORDER

Date						
Accountant General's Department CASTRIES						
I, the undersigned employee			hereby authorize you to pay			
(Please tick appropriate deduction amount belo	(PLEASE PRIM w)	YT NAME)				
			Jallana			
			dollars			
	cents (\$)				
the full amount	ST. LUCIA					
CIVIL SERVICE ASSOCIATION						
of my salary/gratuity to (Name	of institution/Third Party	- PLEASE PRINT)	Tot the credit of my			
account #(Ff applicable)	commencing	and er	ading			
		(month\year) and en	, , , , , , , , , , , , , , , , , , , ,			
This instruction can only be altered or	ancelled according	CIVIL SERVICE ASSO				
Can be revoked only by the written	authorization of	(Name of institution/Third Party - Pl				
Can be revoked by the undersigned						
(Name of institution/Third Party - PLE	HONT	(whichever	is earlier).			
Can be revoked only by the written	authorization of the	undersigned customer.				
In consideration of your compliance liability it might incur in satisfying receipt and acceptance of those instruction. SERVICE ASSOCIATION OF THE PROPERTY OF	these instructions	s. Kindly imprint your stamp				
(Name of institution/Third Par	y - PLEASE PRINT)	Ministry and his resource is a place and a strong and a	•			
Yours faithfully						
Employee's signature		Ministry (PLEASE PRINT)	Department (PLEASE PRINT)			
Authorized Signature (Ministry/Department) Authorized Signature (Institution/Third Party)						
* For use l	y Government	Ministry\Department only	*			
EMPLOYEE ID #:			at ,			
Description\Pay Element	Start Date	Stop Date	Amount			
Description way Element	Start Date	Stop Date	Millount			
		AMERICAN AND AND AND AND AND AND AND AND AND A	\$			
			\$			
Certified Correct:			Pate:			
Entered in SmartStream: Date:						
6 19 1						