

ST.LUCIA CIVIL SERVICE ASSOCIATION

DATE:

FROM:

TO:



I HEREBY AUTHORISE THE DEDUCTION OF \$..... FROM MY SALARY FOR THE MONTH OF 20..... AND THEREAFTER AT THE SAME RATE MONTHLY, UNTIL FURTHER NOTICE.

THE AMOUNT IS TO BE CREDITED TO THE ST.LUCIA CIVIL SERVICE ASSOCIATION GROUP MEDICAL INSURANCE.

.....
Signature

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