

30 Agra Street, St James. Tel.: 622-1354 / 628-8233

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Address	
hereby authorize the deduc	ction of \$ weekly/ fortnightly/ monthly from my salary at the end
20 and	the deduction of \$ thereafter to be forwarded to The Manager - I
nsurance Industry Credit Unio	on on my behalf.
·	uthorization cancels all previous deductions and will remain in effect u
uthorized by The Insurance	e Industry Credit Union.
IAME:	DEPARTMENT:
SIGNATURE:	
EEP THIS PORTION FOR YOU	
	THE INSURANCE INDUSTRY ORBITUMION CO-operative Society Limited
FMP	PLOYEE PAYROLL DEDUCTION AUTHORIZATION
<u>EWII</u>	EGTEET ATROLL DEDUCTION ACTIONIZATION
The Accountant/ Payroll Cler	rk
Name of Company	
· ·	
Address	tion of the supplied of fortheighthy mounthly from any colony of the con-
Address hereby authorize the deduct	tion of \$ weekly/ fortnightly/ monthly from my salary at the end
Address hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - 7
Address hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - 7
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - 7
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - I on on my behalf. Suthorization cancels all previous deductions and will remain in effect up
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - I on on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union.
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - I on on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT:
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - I on on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT:
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - I on on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT:
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - Ton on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT: DATE: Day Mth Year
hereby authorize the deduct 20 and nsurance Industry Credit Unio further pledge that this a nuthorized by The Insurance NAME: SIGNATURE:	the deduction of \$ thereafter to be forwarded to The Manager - Ton on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT: DATE: Day Mth Year LND RETURN THIS PORTION TO IICU (FOR IICU OFFICIAL USE ONLY)
hereby authorize the deduct 20 and nsurance Industry Credit Unio further pledge that this a authorized by The Insurance NAME: BIGNATURE: PLEASE STAMP, SIGN, DATE A Account No.:	the deduction of \$ thereafter to be forwarded to The Manager - Ton on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT: DATE: Day Mth Year IND RETURN THIS PORTION TO IICU (FOR IICU OFFICIAL USE ONLY)
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - Ton on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT: DATE: DATE: Day Mth Year MAD RETURN THIS PORTION TO LICU (FOR IICU OFFICIAL USE ONLY) Credit Union Shares \$
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - Ton on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT: DATE: Day Mth Year IND RETURN THIS PORTION TO IICU (FOR IICU OFFICIAL USE ONLY)
hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - Ton on my behalf. Suthorization cancels all previous deductions and will remain in effect une Industry Credit Union. DEPARTMENT: DATE: DATE: DATE: DATE: DATE: CHOCK IICU OFFICIAL USE ONLY) SUBJECTION TO IICU SUBJECTION TO IICU SUBJECTION Shares SUBJECTION
I hereby authorize the deduct	the deduction of \$ thereafter to be forwarded to The Manager - Ton on my behalf. Suthorization cancels all previous deductions and will remain in effect use Industry Credit Union. DEPARTMENT: DATE: DATE