

Government of Saint Lucia

This order replaces previous
This order is in addition to previous

TO BE COMPLETED IN TRIPLICATE

SALARY ASSIGNMENT/ DEDUCTION ORDER

Date://20			
Accountant General Accountant General's Departs CASTRIES	ment		
I, the undersigned employee	(PLEASE PR	ATATOL AT A NORTH	hereby authorize you to pay
(Please tick appropriate deduction amo		INI NAME)	
Π			dollars
	cents (¢ '	
the full amount	cents (φ)	
of my salary/gratuity to			for the credit of my
or my satury/graturey to	(Name of institution/Third Part	y – PLEASE PRINT)	for the electr of my
		(month\year) and e	
Can be revoked only by the	written authorization of	(Name of institution/Third Party – P	LEASE PRINT)
Can be revoked by the under	rsigned customer or writt	en authorization of	
(Name of institution/Third Par	atr. DI FACE DDINT	(whichever	r is earlier).
		1 1 1	
Can be revoked only by the	written authorization of th	ie undersigned customer.	
receipt and acceptance of these			and signature as confirmation of
Yours faithfully			
Employee's signature		Ministry (PLEASE PRINT)	Department (PLEASE PRINT)
Authorized Signature (Ministry)		Authorized Signature (Institution	
* For	use by Government	: Ministry\Department only	*
EMPLOYEE ID #:	_		
Description\Pay Element	Start Date	Stop Date	Amount
			\$
			\$
Certified Correct:		Г	Oate:
Entered in SmartStream: _		г	Date:
Litered in Silial Wil Calll.			·····