

## PALISADOES CO-OP CREDIT UNION LIMITED

## **AUTHORISATION FOR SALARY DEDUCTION**

NAME	
POSITION/TITLE	
PLACE OF EMPLOYMENT	
THE ACCOUNTANT	
This serves as your authority to commence/increase	deduction from my weekly/fortnightly/monthly salary the
sum of	
(\$) commencing	In addition, kindly forward
same to:	
Palisadoes Co-op Credit Union Ltd. Norman Manley Int'l Airport Palisadoes P.A.	
This instruction is irrevocable and can only be terminat	ted upon written instruction form the Credit Union.
Thanks in advance.	
Signature of Employee Nur	mber
	E CREDIT UNION AFTER ACKNOWLEDGEMENT
EMPLOYER'S ACKNOWLEDGE	EMENT OF DEDUCTION REQUEST
Re: Employee	
We acknowledge receipt of the referenced employe	ee's irrevocable authority for weekly/fortnightly/monthly
	effective
Name	Title
Signature	Company Stamp