97a Church Street Kingston (876) 922-2009 (876) 618-1706

info@jtacreditunion.com http://jtacreditunion.com

AUTHORITY TO BURSAR/ACCOUNTANT FOR TEACHER'S SALARY DEDUCTION

FULL NAME OF	TEACHER:		TEACHER NO.:	
SCHOOL:			SCHOOL NO.:	
GRADE:	SALARY:	PHONE:	EMAIL:	
To Bursar/Acc Ministry of Ed				
Sir/Madam, Please cause	the sum of	Do	Dollars to be deducted each month from my salary,	
credit, the firs This authority	t deduction to be in respect of	my salary for the month of	EDIT UNION LIMITED in respect of sundry payments to my 20	
Submitted for approval		Date:	Date:	
Signature of Teacher		Date:	Date:	
Approved (General Manager)		Witne	Witness	
Date:		Date:	Date:	