

AUTHORITY TO THE MINISTRY OF EDUCATION FOR TEACHER'S SALARY DEDUCTION

FULL NAME OF TEA	CHER:		TEACHER NO.: SCHOOL NO.:	
SCHOOL:				
GRADE:	SALARY:	PHONE:	EMAIL:	
To Permanent Se Ministry of Educa				
Sir/Madam,				
Please cause the sum of			Dollars to be deducted each month from my salary,	
the first deduction This authority will	n to be in respect of my sa	alary for the month of	D-OP CREDIT UNION in respect of sundry payments to my credit, 2020 ature of myself and the Manager of the Jamaica Teachers'	
Submitted for approval			Date:	
Signature of Teacher			Date:	
Approved (General Manager)			Witness	

Date:

Date: