

**ST. KITTS
CREDIT**



**CO-OPERATIVE
UNION LTD.**

P. O. Box 713, New Street, Basseterre, St. Kitts, W. I.
Tel: (869) 465-2272 / 9014 Fax: (869) 465-9296
Email: skccu@caribsurf.com

GOVERNMENT EMPLOYEE PAYROLL DEDUCTION FORM

TO: _____ Accountant General Treasury Chambers

I, the undersigned, _____,

of _____,

hereby authorize and request my employer to deduct \$ _____

once each month and credit the same to the account of the ST. KITTS CO-OPERATIVE CREDIT UNION LIMITED with effect from _____.

This authority cancels any previous authorization with the CREDIT UNION and, therefore can only be altered or discontinued with the approval of this institution.

SIGNATURE

DATE

PREPARED BY

DEPARTMENT

CHECKED BY

TO BE PREPARED IN DUPLICATE