



Government of Saint Lucia

TO BE COMPLETED IN TRIPLICATE

This order replaces previous  
 This order is in addition to previous

**SALARY ASSIGNMENT/ DEDUCTION ORDER**

Date \_\_\_\_\_

**Accountant General  
Accountant General's Department  
CASTRIES**

I, the undersigned employee \_\_\_\_\_ hereby authorize you to pay  
PLEASE PRINT NAME)  
(Please tick appropriate deduction amount below)

\_\_\_\_\_ **DOLLARS**  
\_\_\_\_\_ cents

**the full amount**  
of my salary/gratuity to \_\_\_\_\_ for the credit of

account no. \_\_\_\_\_ commencing \_\_\_\_\_ and ending N/A

This instruction can only be altered or cancelled according to the condition(s) selected below.

Can be revoked only by the written authorization of \_\_\_\_\_

Can be revoked by the undersigned customer or written authorization of  
N/A  
\_\_\_\_\_ (whichever is earlier).  
(Name of institution/Third Party - PLEASE PRINT)

Can be revoked only by the written authorization of the undersigned customer.

In consideration of your compliance I hereby release and discharge the Accountant General's Department from any liability it might incur in satisfying these instructions. Kindly imprint your stamp and signature as confirmation of receipt and acceptance of these instructions and return a copy to

\_\_\_\_\_  
(Name of institution/Third Party - PLEASE PRINT)

Yours faithfully

.....  
Employee's signature Ministry (PLEASE PRINT) Department (PLEASE PRINT)

.....  
Authorized Signature (Ministry/Department) Authorized Signature (Institution/Third Party)

**\* For use by Government Ministry/Department only \***

**EMPLOYEE ID #:** \_\_\_\_\_

Description/Pay Element	Start Date	Stop Date	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Certified Correct:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Entered in SmartStream:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\* All dates must be in the form mm/dd/yyyy \***