

J.P.S. EMPLOYEES CO-OPERATIVE CREDIT UNION LTD.
65 3/4 HALF WAY TREE RD.
KINGSTON 10

DEDUCTION SLIP

To _____

Date _____
 A/C _____

Member's Name: _____

Emp.# _____

Please deduct fortnightly / monthly from my salary the amount stated below and pay to the J.P.S. Co. Employees Co-operative Credit Union Ltd.

DATE	AMOUNT	SHARES & INTEREST	LOANS	DEPOSITS	TYPE A/C	INITIALS
	\$	\$	\$	\$		

In signing this document I give authorisation to my employer, that upon termination of my services, any outstanding balances owed to the above named Institute should be paid over from my final salary.

SIGNATURE _____