



The Manager

Salary Service Bureau

P.O Box CY Causeway

DEDUCTION ORDER FORM - TY 30

(Please give effect to the following deduction)

New:

Change:

Delete:

CUSTOMER DETAILS

First Name: Surname: ID Number:

Ministry: Province:

Employee Code Number: Check Letter:

Department Code: Station Code: Payee Code:

Monthly Rate (installment amount): From date: To Date:

DECLARATION

I acknowledge receipt of a contract dated _____ and confirm that I have read understood, and accept the loan under the terms, conditions and warranties as stated therein and authorise Lenderspark Finance and SSB to deduct money from my earnings or terminal _____

First Name:

Signature:

Date:

FOR OFFICIAL USE ONLY

Authorised Signatory: Name: Signature: Date:

Authorised Signatory: Name: Signature: Date:



Lenderspark Finance Stamp: