

# FIRST AID FINANCIAL CONSULTANTS

—  "Your Financial Health Is Our First Priority!!"  —

## Salary Deduction Authorization Form

Please complete the Salary Deduction Authorization Form to start, stop or modify existing deduction. The filled form should be duly signed and submitted to the payroll office.

**Note that to modify or stop the deduction details, written authorization must be given by First Aid Financial Consultants.**

### *Employee Information*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TRN: \_\_\_\_\_ Employee No: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

In the event of default, death or termination of employment, I hereby authorize my employer .....to remit to First Aid Financial Consultants any outstanding balances from amounts due from proceeds of salary, pension, insurance policies vacation pay, or any such amounts due from the employer.

I hereby authorize my employer to initiate payroll deduction from my weekly/fortnightly/monthly salary in ..... consecutive payments

from \_\_\_\_\_ 20... to \_\_\_\_\_ 20.... amounting to

\$ \_\_\_\_\_ per week/fortnight/month, Payable to:

**First Aid Financial Consultants**  
**First Global Bank**  
**Mandeville Branch**  
**Chequing A/C # 8751470**  
**Phone: (876) 962-7830**  
**Email: [fafcfrontdesk@gmail.com](mailto:fafcfrontdesk@gmail.com)**

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized by (*Print Name*): \_\_\_\_\_ Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone/Ext \_\_\_\_\_ Co. Email: \_\_\_\_\_

**Affix Company Stamp/Seal Here:**