



SALARY DEDUCTION AUTHORITY

To: **Payroll Manager**

Name of Employer: _____

Address: _____

This serves as my irrevocable authority to deduct \$_____ from my salary

Weekly **Fortnightly** **Monthly** commencing on _____ and forward same to the Students' Loan Bureau (SLB), whose registered office is located at Sagicor Sigma Building, 63 - 67 Knutsford Boulevard, Kingston 5. Remittance may be made to any of the following bank accounts:

Bank Name	Account Number	Account Type	Transit Number	Branch
Scotia Bank	000321516	Chequing	81505	Oxford Road
National Commercial Bank	212656704	Chequing	000210777	Oxford Place

Kindly send confirmation of the payment sum along with the customer's name and TRN to the following email addresses: **payroll@slbj.com**, **accounts@slbj.com** and **lsd@slbj.com**.

This payment is to be received by the SLB before the last business day of each month¹ for credit to:

SLB Loan Account Number (s)	_____	Amount	\$ _____
	_____	Amount	\$ _____
	_____	Amount	\$ _____
		Total	\$=====

Thank you.

Employee's Name _____

Employee's Signature _____

Date: _____

To be completed by the Employer

The company acknowledges the employee's request for this salary deduction to be effected. We hereby agree that the deduction will remain in force unless revoked by the SLB **in writing**. Should the deduction be revoked for reasons such as termination of employment, or finalization of affairs with the employer, the employer accepts responsibility to communicate this information to the SLB within one month of knowledge.

Signed: _____ **Date:** _____

(Name of Authorized Payroll Personnel)

(Authorized Signature)

Company Stamp

¹ Payment received after the last business day of each month will attract additional interest charges; and Payment received after the 15th of each month will attract a late fee of \$750.00. If the 15th falls on a weekend, the payment should be made by the last business day before the 15th.