



BURSARS' ASSOCIATION OF JAMAICA

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SALARY DEDUCTION FORM

Employer Name: _____

Address: _____

Employee Name **TRN #** **Employee #**

I hereby authorize (employer name) _____ to deduct (amount) 1% of Basic Pay per pay period from my paycheck for **monthly dues/loan repayment** starting the pay period _____.

Deductions that are sent to Treasurer, BAJ, P.O. Box 76, Kingston 10, Jamaica or NCB, Matilda's Corner, Account # 371003126 shall be transmitted within five working days from the deduction date.

TO DISCONTINUE THE PAYROLL DEDUCTION

I wish to discontinue the payroll authorization above, effective pay period ending (date) _____.

Signature:

.....EmployeeEmployer

.....BAJ Official.Date

NB: Kindly return stamped completed copy to The Treasurer.