HAMMER& TONGUES
MONEY LENDERS

SSB SALARY STOP ORDER FORM

THE PAYMASTER

SALARY SERVICES BUREAU

P.O.BOX CY 507

CAUSEWAY

COMPANY STAMP

PLEASE ACTION THE UNDER MENTIONED DEDUCTION FROM SALARY IN RESPECT OF:

SURNAME _____ FIRST NAME _____ DEP CODE NO. _____ STATION CODE NO. _____

EMPLOYED IN THE MINISTRY OF:_____

ACTION PLEASE TICK

NEW	CHANGE	CEASE

I.D No. | | | | | | | | | | | | |

(NOTE: Complete in block letters) **C/D**

E C NUMBER | | | | | | | | |

AD CODE: 8000 PAYEECODE: 81023

FROM DATE_____TO DATE_____

MONTHLY INSTALMENT: _____

DATE_____SIGNATURE_____

IMPORTANT NOTE: NO FORM WILL BE ACCEPTED WITHOUT AN EMPLOYEE CODE NUMBER. IF AN INCORRECT NUMBER IS QUOTED A DEDUCTION WILL BE EFFECTED ON AN INCORRECT PERSON.DUE CARE MUST BE TAKEN TO VERIFY THE E.C NUMBER FROM THE PAYSLIP.