



**Payroll Deduction Authorization Form**

To: The Payroll Department

Company: \_\_\_\_\_

Please deduct the sum of (amount in words) \_\_\_\_\_

(amount in figures) \$\_\_\_\_\_, from my salary effective (date) \_\_\_\_\_

(cross out one) for one month only, every month until this authorization is canceled, and pay over this sum to DWINET Shopper Limited, 22B Old Hope Road, Kingston 5, Jamaica W.I., or deposit it to account number 374310313, National Commercial Bank, Matilda's Corner Branch, 15 Northside Drive , Northside Plaza, Kingston 6, Jamaica W.I. Swift Code: JNCBJMKX . Telephone: (876) 702-2421.

If you have any queries, please do not hesitate to contact:

DWINET Shopper Limited  
22B Old Hope Road, Kingston 5, Jamaica W.I.  
Tel: (876) 887-0714, Fax: (876) 906-7423  
Web: www.dwinetshopper.com  
Email: contact@dwinetshopper.com

\_\_\_\_\_  
Employee's SSN/TRN Number      Employee's Department      Employee's Staff Id Number

\_\_\_\_\_  
Employee's Full Name      Employee's Signature      Date

The employer undertakes to inform DWINET Shopper Limited immediately if this authorization is terminated or if the employee is no longer employed to the company.

\_\_\_\_\_  
Name of Authorised Representative of Employer      Authorized Signature      Date

Employer's Stamp or Seal

*NB: This form is to be completed in triplicate by the customer and signed and stamped by the customer's employer. The original is to be given to the employer, one copy is to be retained by the customer, one copy sent DWINET Shopper Limited (ordinary mail, email and fax are accepted).*