

TATIL
 *TATIL LIFE ASSURANCE LIMITED
 11A, Maraval Road,
 Port of Spain,
 Trinidad and Tobago, W.I.
 P.O. Box 1004
 Tel: (868)628-2845 or (868)622-5351/18
 Fax: (868)622-9339 or (868)628-0035
 Web Site: www.tatil.co.tt
 E-Mail: info@tatil.co.tt



SALARY DEDUCTION ORDER

TO: THE PAYROLL OFFICER FROM: _____
 BLOCK LETTERS

EMPLOYER: _____ ADDRESS: _____

ADDRESS: _____

_____ JOB TITLE: _____

DEPARTMENT: _____

PLEASE CANCEL ANY PREVIOUS DEDUCTION ORDERS

I hereby authorize you to deduct the sum of _____ dollar and _____ cents
 from my salary each _____ and to pay same to **TATIL LIFE ASSURANCE LIMITED** on my behalf.

The first payment is in respect of my salary for the month of _____ 20____.

POLICY NUMBER	NAME	AMOUNT
In the even there is a difference of within one dollar in the amount calculated: I/we hereby authorize TATIL LIFE ASSURANCE LIMITED to make such adjustments in the block below.		TOTAL \$

\$ _____

Signature: _____

Date: ____/____/____

Agent's Name: _____ No: _____

ACC01/2018

