



STOP ORDER DEDUCTION FORM

Payroll Administrator

Dear Sir / Madam

RE: Employee Stop Order Deduction Request

I hereby request and authorize you to deduct from my salary the sum of E -----

(In words) -----

Current Stop Order E ----- (in words) -----

Decrease / Increase / Cancel (**tick**) from E ----- to E -----

Monthly

Employees Details:

Surname: -----

First Name: -----

Employee Number: -----

Company: -----

Employee's Signature: -----

Date: -----

For Office Use Only

Secretary: ----- Date: -----

Chairman: ----- Date: -----

Treasurer: ----- Date: -----

(Any two to sign)

This Authority is to remain in force until cancelled by Phaphamani Savings and Credit Society.