

THE UNIVERSITY OF THE WEST INDIES MONA CAMPUS

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF SALARY

	NAME: (please print)
DEPARTMENT:	
My salary is to be lodged, as indicated below, with effect from(Specify date)	
☐ Current Account ☐ Savings Account	
Account No:	
Name of Bank/Financial Institution:	
Branch:	
Address:	
Signature	
Date:	