



Winchester Business Centre, 15 Hope Road Kingston 10
Tel 920-0030-33 Fax 968-6627

Salary Deduction Authorization

To: The Salaries Administrator;

Name of Employee: _____ Emp. # _____

Location: _____

Please deduct from my salary the sum of _____
_____ (\$ _____)

effective 1st _____ and make payments to Orion Insurance Brokers. *This authorization shall remain in place and may be cancelled by the employee or Orion Insurance Brokers.*

Signature of Employee & Date

Employer's Approval



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