GOVERNMENT OF BARBADOS

Treasury Department

SALARY DEDUCTION CHANGE OR CANCELLATION FORM

SECTION A – EMPLOYEE INFORMATION

Employee Name:

Employee NRN:

Ministry/Department:

Position/Job Title: **Date of Request:**

SECTION B – REQUEST TYPE

☐ **Change Existing Salary Deduction/Assignment Authorization** ☑ **Cancel Existing Salary Deduction/Assignment Authorization**

SECTION C – EXISTING DEDUCTION DETAILS

Current Recipient/Payee Name:

Current amount per pay period:

Current Payment Frequency: ☑ **Monthly** ☐ **Bi-Monthly**

SECTION D –CHANGE DETAILS *(complete this section only if requesting change.)*

Type of Change Requested: ☐ **Change Deduction Amount** ☐ **Change End Date:** ☐ **Change Banking Information**

☐ **Change Payment Frequency:** ☐ **Other:**

Revised Deduction Information: **New Amount per pay period:**

New Payment Frequency: ☐ **One-Time Deduction** ☐ **Monthly** ☐ **Bi-Monthly**

New Banking Details:

Recipient/Payee Name: **Bank Name:**

Contact Person: **Branch Name:**

Telephone Number: **Account Name:**

Email Address: **Account Number:**

SWIFT Code: **Account Type:** ☐ Savings ☑ Current/Checking

Transit/Routing Number:

SECTION E –CANCELLATION DETAILS *(complete this section only if requesting a cancellation)*

Reason for Cancellation: ☐ **Salary Lodgement no longer required.** ☑ **Change in Payee (Financial/Other Institution**

☐ **Other**

Effective Cancellation Date:

SECTION F–EMPLOYEE DECLARATION & AUTHORIZATION

I certify that the information provided in this form is true and correct. I hereby authorize the Government of Barbados to amend my existing Salary Deduction Authorization, or to cancel such authorization, in accordance with the instructions set out in this form. Where revised deduction details are provided, I authorize the Government of Barbados to make the necessary adjustments and, where applicable, remit the deducted amounts to the recipient specified. The Employee further acknowledges and agrees that the Government of Barbados acts solely as a facilitator of salary deductions under this authorization. The Government shall not be held liable for, nor shall it be deemed to have guaranteed, endorsed, or assumed responsibility for, any debt, loan, financial obligation, or other liability of the Employee. Any dispute regarding the debt or obligation shall be resolved solely between the Employee and the creditor/ payee.

Employee Signature: **Date:**

SECTION G– HEAD OF DEPARTMENT APPROVAL

Supervisor/Manager Name:

Signature:

Date:

SECTION H– PAYROLL APPROVAL

HR/Payroll Representative:

Signature: