

METHOD OF PAY ADVICE

The Director
Salary Service Bureau
P.O. Box CY 507
Causeway

Date-stamp

Name

E.C. number C/D Section Sub-Section Dept. code Station code

Ministry/Department

Complete paragraph 1 or 2 below as applicable.

1. Pursuant to the appointment of the above named, method of pay is advised below.

Bank Branch

Account number .. CASH Tick if applicable

2. Please change the existing method of pay instructions of the above named to that given below:

New bank New branch

New account number NOW CASH Tick if applicable

3. Please give effect to this instruction with effect from the month of, 20.....

.....
Instructing officer

For Salary Service Bureau use

TY 30 'A' SET	SB 30 'A' SET
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Card type 1 2	Section 3 4	Sub-Section 5 6	E.C. number 8 13	C/D 14	Change code 15 16 0 8	Bank/Cash code 17 20
Card type 1 2	Section 3 4	Sub-Section 5 6	E.C. number 8 13	C/D 14	Change code 15 16 2 0	Bank/Cash code 17 1
Bank account number						18 28

Salary Service Bureau. See instructions on equivalent office form.

Actioned: Month / Year
Section clerk