

**The Hospital Doctors' Association**

**Bahamas Doctors' Union**

**Salary Deduction/Membership Fee Payment Form**

Date: \_\_\_\_\_

TO: The Payroll Officer  
Payrolls Department

I, Dr. \_\_\_\_\_ of the Public Hospitals Authority/Ministry of Health, hereby authorize you to deduct the sum of thirty dollars (\$30.00) per month from my salary and pay the same to the account given below.

The Hospital Doctors' Association/Bahamas Doctors' Union

Account Number: 310997-12 Code: 2404/2405

**FIRST CARIBBEAN BANK**

Shirley Street Branch

This deduction order is to be made effective from the pay period month of \_\_\_\_\_ in the year \_\_\_\_\_ until further notice. Thank you.

Sincerely yours,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (printed name)

Employee number: \_\_\_\_\_