



JAMAICA CIVIL SERVICE MUTUAL THRIFT SOCIETY

TRANSFER AUTHORIZATION FORM

I _____ of (DEPARTMENT) _____ Hereby
authorize The Jamaica Civil Service Mutual Thrift Society Limited to Transfer/Close \$ _____
from _____ Account to _____ Account.

Please Reduce My Salary Deduction to _____
_____ (\$ _____) with effect from
_____ 20____.

ACCOUNT# _____

SIGNATURE _____

DATE _____

FOR OFFICIAL USE ONLY

Shares	\$ _____	@ _____
Vol. Shares	\$ _____	@ _____
ITL	\$ _____	@ _____
Cash Loan	\$ _____	@ _____
Emergency Loan	\$ _____	@ _____
Committee Loan	\$ _____	@ _____
Education Loan	\$ _____	@ _____
IT Loan	\$ _____	@ _____
Consolidation Loan	\$ _____	@ _____
Motor Vehicle Loan	\$ _____	@ _____
Loan Insurance	\$ _____	@ _____
Surety A/C	\$ _____	@ _____
Subscription	\$ _____	@ _____
Other	\$ _____	@ _____

PREPARED BY _____ DATE _____

AUDITED BY _____ DATE _____

POSTED BY _____ DATE _____

APPROVED BY _____ DATE _____