



Money Coaching Services

Helping you take control of your finances

Salary Deduction Authorization Form for Financial Coaching Services

Employee Information:

Name: _____
Employee ID: _____
Department: _____
Position: _____
Contact Number: _____
Email: _____

Coaching Service Details: Service Description: Financial Coaching Sessions

Total Cost: _____

Payment Options: **Please select your preferred payment method:**

- ☐ One-Time Payment of \$_____ (to be deducted in full)
☐ Monthly Payments of \$_____ for _____ months

Authorization and Agreement:

I authorize my employer to deduct the specified amount(s) from my salary starting on the **next payroll cycle**. I understand that the deductions will continue according to the selected payment plan until the total amount is paid in full or until I provide written notice to cancel this authorization.

I agree to the terms of payment and understand that once deducted, these payments are non-refundable.

Client Signature: _____

Date: _____

Employer Use Only:

Signature Accounting Personnel: _____

Date: _____

Company Stamp:

Send Funds Via Bank Transfer - Jamaican Dollars

Business Account Details:

Money Coaching Services, Bank: National Commercial Bank, **Branch:** Oxford Road,

Account #: 214314223, **Account Type:** Business Savings

Business TRN: 101424949/1, **Business Registration No.** 7996/2017