



FIJIAN TEACHERS ASSOCIATION WELFARE SOCIETY
HEAD OFFICE 66 McGregor Road, P.O. Box 11574, SUVA, FIJI.
PHONE: 331 4609. FAX: 331 4491

THE ACCOUNTANT
EDUCATION DEPARTMENT
MARELA HOUSE
SUVA.

NAME _____
TPF _____
SECTION _____
DATE _____

AUTHORITY TO PAY WAGES FTA WELFARE SOCIETY SYSTEM CODE 332

I hereby request and authorize you to pay from my salary each fortnight the sum of _____
_____ dollars and _____ cents (\$ _____ : _____) and pay the same to the
credit of my account with the Fijian Teachers Association Welfare Society and I further agree that the authority should not
be varied or cancelled without the written consent of the Board of Directors of the Fijian Teachers Association Welfare
Society.

Yours faithfully

Yours faithfully

(Witness)

(Member's Signature)



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