

**FIJIAN TEACHERS ASSOCIATION WELFARE SOCIETY***Education House, 68 Knollys Street, Suva, PO Box 11574, Suva, Fiji.**Telephone: 3314609/3315099 Mobile: 7084300/9921144 Fax: 3314491/3304978*

THE ACCOUNTANT
EDUCATION DEPARTMENT
MARLA 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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