



Direct Earnings Attachment Payments Schedule

To: **Castle Point Borough Council**

Council Office
Kiln Road, Benfleet
Essex SS7 1TF

From: **Employer**

Item	Amount	Employees Full Name	National Insurance Number	Our Reference Number A/c & Invoice Number
1	£			
2	£			
3	£			
4	£			
5	£			
6	£			
7	£			
8	£			
9	£			
10	£			
Non Deduction			Reason:	