



Our Ref: \${C.RentAccount.Id}/T\${C.Id}/H\${C.Property.AltId}

Rent Account name

\${C.Address1}

\${C.Address2}

\${C.Address3}

\${C.Address4}

\${C.Address5}

\${C.PostCode}

Payment of Rent by Employer Mandate

I _____, of _____,
authorise my employer to make deductions in respect of rent due to States Housing of
£ _____ per week, with immediate effect.

I also request my employer to forward the deductions, at regular weekly intervals, to
Housing at Edward T Wheadon House, Le Truchot, St Peter Port, Guernsey, GY1 3WH.

(Please complete full name details in the above section).

EMPLOYERS NAME: _____

EMPLOYERS ADDRESS: _____

PAYROLL/EMPLOYEE
NUMBER (if known): _____

SIGNATURE: _____

DATE: _____

The States of Guernsey will process any personal data that you provide in accordance with
the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how
your personal data is processed by Housing can be found at <https://gov.gg/DP>

