

EMPLOYER INFORMATION

Name of Employer

Payroll/Personnel Number

PERSONAL INFORMATION

Surname

First name

Address

Address

Address Post code

Home phone Mobile

PAYROLL DEDUCTION REQUEST

Amount requested £

This payroll instruction replaces any previous instruction.

In the event that I give or receive notice of termination of employment, I give permission for the payroll section to advise the credit union of the termination date and any monies owing to the credit union be deducted out of my last salary

SIGN HERE

Member's signature Date

OFFICIAL USE ONLY

Authorised by Date

Please quote Credit Union Membership Number

