

Credit Union Deduction Authorisation

ISLWYN COMMUNITY CREDIT UNION

I authorise _____ (employer's name) to deduct an amount of £_____ per week/month* from my pay and remit all deductions to the above credit union every month until further notice.

* delete as appropriate

Surname:	
Forenames:	
Address:	
	<i>Postcode</i>
Telephone:	
Employee payroll number:	
Credit Union Membership No:	
Signature:	
Date:	
Verified by Credit Union:	
For Payroll Services only	