

Credit Union Office, Civic Centre High Street, Uxbridge, UB8 1UW

Email: info@Londoncb.co.uk
Web: www.Londoncb.co.uk

2 01895 250958

PAYROLL DEDUCTION

Name: Membership No:	
Payroll Number:	
Employer:	
I hereby authorise you to deduct the following amount from my salary:-	-
Loan 1 Repayment: £	
Savings: £	
Total Amount: £	
From the next available date until further notice	
I further agree and understand that:	
1. This form instructs the Employer to deduct from my salary the total ded shown above.	uction
 I will not vary this instruction without the knowledge and consent of the Hillingdon Credit Union 	<u>:</u>
In the event of my leaving the employment of the Employer, any outstar loan will become fully repayable.	nding
4. I hereby authorise the Employer or any of its associated companies to sure and make available to the credit union or its administrators, any personal information they may need in order to recover and money owed by meauthorise the credit union to disclose my account details to my employe required.	al I also
Signed: Dated	_