

**PAYROLL DEDUCTION AUTHORITY**

(PLEASE PRINT IN BLOCK CAPITALS AND RETURN TO THE CREDIT UNION OFFICE)

C U Membership Number:

Surname: ..... (Mr, Mrs, Miss, Ms)

Forenames: .....

To the payroll department-

I authorise you to change my existing deduction to moneywise credit union ltd

From:            £    -    To:            £    -    per week / month\* (delete as applicable)

**EMPLOYMENT DETAILS:-**

Department: ..... Employee Reference No.: .....

Based At :

Telephone: ..... Mobile: ..... Work: .....

I hereby authorise the Credit Union to make enquiries from the Payroll Section with regard to my salary/wages or employment status as required

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

**This payroll instruction replaces any previous instruction**

Signed: .....

moneywise Use Only

Conaccess database amended

Document scanned

Staff initials .....

This form is not valid without a moneywise stamp in this box

*Please complete - Items below this line are removed for member confidentiality*

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Deduction amount –            Shares £..... Loan £ ..... Lottery £ .....

Other £..... Please specify.....