



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, unless an alternative repayment method has been agreed in advance.

I will not vary this instruction without the knowledge and consent of Swan Credit Union Ltd.

I hereby authorise my employer to supply and make available to the credit union any personal information they may need in order to recover any money owed by me.

SIGN HERE

Member's signature Date

OFFICIAL USE ONLY

Authorised by Date

Please quote Credit Union Membership Number