

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 employer to advise the credit union of the termination date and any monies owing to the credit union be deducted out of my last salary.

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

I hereby authorise the 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