



Lewisham + Bromley Credit Union



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PAYROLL AMENDMENT FORM

To:

From: Lewisham+Bromley Credit Union
(Incorporating Crownsavers)

Employee Name:

Employee Number:

I hereby authorize the following to my Credit Union deductions.

I wish to **increase/decrease** my monthly ☐ weekly ☐ deductions as
follows:

Effective from:

Amount: £

(This payroll instruction replaces any existing order in favor of LPCU)

Member's
Signature

CU Staff
Signature

Name:

Name:

Date:

Date: