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AUTHORISATION FOR PAYROLL DEDUCTION To the Payroll Manager

Employer	
Employee Number	
NI Number	
Title	
Forename	
Surname	
Work Address	
Post Code	
Telephone	
Email	
	Please deduct £ as first payment deduction and then
	deduct £ every week / month until further notice.
	I have joined Lewisham Plus Credit Union and I have authorised the deduction of the stated sum from my pay at the end of each week/month.
Signature of Applicant	
Date	
OFFICE USE ONLY	
Approved for payroll by Credit Union: Yes / No	
Signature	
Date	