



**Lewisham + Bromley
Credit Union**



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PAYROLL CANCELLATION FORM

To:

From: **Lewisham + Bromley Credit Union**
(Incorporating CROWNSAVERS)

Employee Name:

Employee Number:

Department:

I wish to cancel my payroll deductions as I am leaving the Credit Union.

This instruction cancels any other previous instructions.

Effective from:

(Enter either period start date i.e. 19/01/08)

Signed:

Date:

Print Name:

Signed:
Credit Union

Date: