



## PAYROLL DEDUCTION ORDER

To: PAYROLL SECTION

Name of Employer

Please commence deductions of:-

£

Per week / 4 week / month

In favour of Cardiff Credit Union Limited.

Deductions are to commence from the first available pay date and shall remain in effect until such time as I give notice to the Credit Union in writing of any changes.

Please complete in block capitals:

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Place of work: \_\_\_\_\_

Pay no: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Any future amendments must be made via the Credit Union Office.

For office use only:-

Deduction ref:

Authorised by:

PLEASE COMPLETE & RETURN TO:

Cardiff Credit Union, County Hall, Atlantic Wharf, Cardiff, CF10 4UW  
Tel: 029 2087 2373