

Payroll Deduction Mandate Form

Islwyn Community Credit Union Ltd.

CU Office. Wesley Road, Blackwood, NP12 1PP

Tel 01495 222832 - info@islwyncu.co.uk - www.islwyncu.co.uk



I authorise _____ (employers name) to deduct an amount of £ _____ per week/month* from my pay and remit all deductions to the above credit union every month until further notice.

* delete as appropriate

Surname:	
Forenames:	
Address:	
	<i>Postcode</i>
Telephone:	
Employee payroll number:	
Credit Union Membership No:	
Signature:	
Date:	
Verified by Credit Union:	
For Payroll Services only	