



Southwark Credit Union

79 Denmark Hill, Camberwell, London SE5 8RS

Application For Payroll Deduction
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Authorisation for deduction by The Payroll Department:

Employee's Name: _____

Membership No: _____ Payroll No: _____

Department: _____

To: The Paymaster

I hereby authorise you to deduct £ _____ each payroll
Period from my weekly/ monthly pay until further notice from me via the Credit
Union and to transmit this sum to the above named Credit Union.

Signed: _____ Date: _____

Please return this form to: THE ADMINISTRATOR
CREDIT UNION OFFICE
79 Denmark Hill, Camberwell, London SE58RS
Tel: 0171 787 0770, Fax: 0171 207 1444

I'm an employee of:

Southwark Council []

King's Healthcare []

CSL []

OTHER []
(Please state)

Effective Date: _____