

Please return this form to:

London Mutual Credit Union Accounts Department 4 Heaton Road London SE15 3TH

Tel: 020 3773 1751 Fax: 020 7277 8755

Application for Payroll Deduction

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 London Mutual Credit Union.	
Signed:	Date:
I'm an employee of:	
Anchor	Hyde Housing Group
Southwark Council	Ministry of Defence
Camden Council	King's College NHS Trust
Camden Society	Lambeth Council
Clarence House	London Ambulance Service
Family Housing	UNISON
Fusion Life Style	Peabody Trust
Greater London Authority	Royal Free London NHS Trust
Guy's & St. Thomas' NHS Trust	Brandon Trust
House of Lords	Strictly Education
House of Commons	IPSA
OTHER : [Please State] Effective Date :	