



Hillingdon Credit Union Ltd

PAYROLL DEDUCTION

Name: _____ Membership No: _____

Employers name _____

Payroll Number: _____

I hereby authorise you to deduct the following amount from my salary:-

Total Amount: £ _____

I AGREE THAT:

- 1 The above amount should be deducted from my account on a monthly basis and the funds paid directly to Hillingdon Credit Union.
- 2 I will not vary this authority without the consent of the Credit Union.
- 3 In the event of my leaving my employment, I will advise Hillingdon Credit Union and arrange to make my payments in an alternative way.

I declare to the best of my knowledge and belief that I am fit and healthy and able to follow my usual occupation, and that the information given is true and correct.

Signed: _____

Dated: _____