

PAYROLL DEDUCTION INSTRUCTION

Payroll Services
Warwickshire County Council
PO Box 3
Shire Hall
Warwick CV34 4RH

THIS ORDER SUPERSEDES ANY PREVIOUS INSTRUCTION FOR THE BENEFIT OF NEW CENTRAL CREDIT UNION

I, (Print Name)
hereby request and authorise you to deduct from my monthly salary, until further notice,
the sum of:-
Amount in Words pounds.
Amount in figures £
For the benefit of:-
NEW CENTRAL CREDIT UNION LTD 41 Smithford Way, Coventry, CV1 1FY Tel: 02476 633456
I agree that this authorisation may not be varied except with the written consent of New Central Credit Union and that I will notify in writing New Central Credit Union when I wish to cancel this agreement.
Employee Signature Date
Print Name
Payroll Number
Credit Union Membership Number
PLEASE RETURN THIS FORM TO NEW CENTRAL CREDIT UNION AND NOT TO WCC PAYROLL
Office Use Only
Date Received at Head Office Date Sent to Payroll Services
Due Date of 1st Deduction