



Payroll Deduction Authority

Employer Details

To (Payroll Manager Name)			
Employer Address			
Town/City		Post Code	

Employee Instruction

Please deduct the sum of £ (Amount in words)

each month from my pay, beginning from the first possible pay date after you receive this authority, and pay it to the City of Plymouth Credit Union Limited using the details below until I instruct you otherwise in writing. I also authorise you to advise City of Plymouth Credit Union Limited if you receive notice of my leaving your employment.

Signature	<input type="text"/>	Date	<input type="text"/>
Full Name	<input type="text"/>		
Payroll Number	<input type="text"/>	Department	<input type="text"/>

City of Plymouth Credit Union Limited Details

Bank	The Co-operative Bank plc		
Address	PO Box 25		
Town/City	Skelmersdale	Post Code	WN8 6WT
Address	PO Box 25		
Sort Code	08-92-50	Account No	67004366
		Payment Reference*	<input type="text"/>

* To be inserted by City of Plymouth Credit Union