



PAYROLL DEDUCTION/AMENDMENT

Instructions to your Employer to pay by direct Payroll Deduction

Please complete this form in block letters and black ink and send it to:
SCVO CREDIT UNION LTD The Mansfield Traquair Centre 15 Mansfield Place Edinburgh EH3 6BB

Name of Applicant
Name of Employer
Department/unit/project
National Insurance Number
Job Title

Instruction to your Employer.

I authorise payroll deduction to SCVO Credit Union Ltd of £ per fortnight / month* (*delete as appropriate)

By signing this form, I hereby agree to the release of information by my employer in the event of non-payment of a loan obligation.

Signature(s) _____ Date _____

Full Payroll Employee Number _____

CU reference number (Leave blank until allocated by the CU)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For SCVO Credit Union Ltd use only.
Input date _____ First payment due date _____



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