

PAYROLL DEDUCTION AUTHORISATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

To: Accounting Officer

In accordance with membership of Public Service Credit Union Ltd., I hereby agree to have my contributions to Public Service Credit Union Ltd. deducted from my salary and that such contributions will be paid to Public Service Credit Union Ltd. on my behalf. I understand that it is my responsibility to ensure the correct deductions are made. All communications relating to the Credit Union regarding direct deductions from salary must be forwarded to the Credit Union and not the Salary Section. I also agree that deductions shall continue to be made unless otherwise notified by the Credit Union. Please note that this can take two/three weeks to implement as payroll works in advance.

1. DEDUCTION DETAILS	
Name	
Credit Union Member Number	
Driver/Personnel Number/Pension Number (as on pay slip)	(Please include all letters and numbers)
Amount being deducted at present (per payday)	€
New deduction (per payday)	€
Amount in words	
How often are you paid (tick one only) Weekly Fortnightly Monthly	
2. PERSONAL DETAILS	
Employer	Occupation
Telephone Number	
Email	
This instruction supersedes any previous correspondence	ce
Signature	Date
For Public Service Credit Union Limited	
Approved by	Date

St. Stephen's Green House, Earlsfort Terrace, Dublin 2, D02 PH42 Earl Place Office, Dublin 1, D01 P7K8

Public Service Credit Union Ltd is regulated by the Central Bank of Ireland. Reg No. 455CU

Tel: 01 6622 177 Fax: 01 6622 861 Email: info@pscu.ie Web: www.pscu.ie

DEDUCTION BREAKDOWN	
Amount	
€	
€	
€	
€	
€	
€	

^{*}Please insert name of account and amount if not listed above.