

LEWISHAM EMPLOYEES' CREDIT UNION

FAMILY MEMBER PAYROLL DEDUCTION AUTHORISATION

Member's Name _____ Membership No: _____

Payroll Department: _____ Directorate Payroll Section _____

Member's Employee Number: _____ NI number: _____

I authorise Lewisham Employees' Credit Union to increase my monthly payroll deduction until further notice

From £ _____ to £ _____ which includes £ _____ monthly deduction to be

deposited in the Share Account of:

Family member name (Block Capital please)

Forename: _____ Surname: _____

We declare that the details given on this form are to the best of our knowledge, true and correct.
We confirm the applicant resides at the above mentioned address.

Member Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Current Member Account No	Amount to be transferred	Family Applicant Membership No
Payroll Amendment Form Completed	Sent to payroll	Date Payroll setup allocated
		Input By: Date:
		Verified By: Date: