



PAYROLL AMENDMENT FORM

To: VPD 197 Lewisham Hospital, SBS Payroll Services/Lewisham Council/Lewisham College

From: Lewisham Employees' Credit Union

Re: Employee Name:
National Insurance Number:
Employee Number:
Directorate/Section:

I hereby authorise the following **amendment** to my Credit Union deductions.
This amendment cancels any other previous instruction.

I wish to **amend** my monthly/weekly* deductions as follows:

Amendment effective from:/...../.....

Increase/Decrease* deduction to: £.....

*Delete as appropriate

Member's Signature..... CU Staff Signature
Name: Name:
Date: Date:

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Credit Union Use Only			
Passed to Payroll by: Initial:	Date:	Start Loan <input type="checkbox"/>	End Loan <input type="checkbox"/>
			Other <input type="checkbox"/>
Deduction Amendment Includes £.....		For (Family Member Name)	
		Membership No:	