

**Lewisham Employees' Credit Union
CROWNSAVERS
Lewisham Town Hall
London SE6 4RU**

PAYROLL CANCELLATION FORM

**To: Payroll - VPD197 Lewisham Hospital, SBS Payroll Services/
Lewisham Council/Lewisham College**

From: Lewisham Employees' Credit Union

Re: Employee Name:

N I Number

Employee Number:

Department:

.....

I wish to cancel my payroll deductions as I am leaving the Credit Union.

This instruction cancels any other previous instructions.

Effective from:

(Enter either period start date i.e. 01/01/08 or IMMEDIATE)

Signed:

Date:

Print Name:

Signed:
Credit Union

Date:.....