

LEWISHAM EMPLOYEES CREDIT UNION LTD



**CROWN SAVERS**  
A credit union for people working in the borough of Lewisham

**PAYROLL AMENDMENT FORM**

To: VPD 197    Lewisham Hospital, SBS Payroll Services    Lewisham Council    Lewisham College  
 Lewisham Homes    L&Q    Phoenix Community Housing    JSS Pinnacle    VAL  
 One Housing Group

**From: Lewisham Employees' Credit Union**

Re:                      Employee Name: .....

                            National Insurance Number: .....

                            Employee Number: .....

                            Directorate/Section: .....

I hereby authorize 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: .....

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

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: .....