Payroll Deduction/Amendment Mandate Form	SCVO CREDIT UNION

Instructions to your Employer to pay by direct Payroll Deduction

Please complete this form in block letters and send it to:
SCVO Credit Union Ltd, Mansfield Traquair Centre, 15 Mansfield Place, Edinburgh EH3 6BB

Name of Applicant:

Name of Employer:

Department/unit/project:

Job Title:

Instruction to your Employer

I authorise payroll deduction to SCVO Credit Union Ltd of £   per week/fortnight/month (*delete as appropriate)

By signing this form, I authorise SCVO Credit Union to amend my payroll deduction payment as required. I understand that SCVO Credit Union will undertake to keep increases to a minimum where possible unless advised by myself.

I also agree to the release of information by my employer in the event of non-payment of a loan obligation.

Signature _____   Date _____

Full Payroll Employee Number _____

CU reference number (leave blank until allocated by the CU)

For SCVO Credit Union Ltd use only

Input date _____