

BRIDGEND LIFESAVERS CREDIT UNION LTD

LIFELONG LEARNING CENTRE, MURFIELD CLOSE, SARN, BRIDGEND, CF32 9SW
TELEPHONE: 01656 729912 EMAIL: nicola@blscu.co.uk FAX: 01656 724895

PAYROLL DEDUCTION MANDATE AMENDMENT/CESSATION

Pay Number:..... Department:.....

Surname:..... Occupation:.....

Forenames:..... Based at:.....

Credit Union Number:.....

I hereby authorise payroll deduction to Bridgend Lifesavers Credit Union of £.....per week/month.

OR

I hereby authorise payroll deduction to Bridgend Lifesavers to cease with immediate effect.

This notification is effective immediately and supersedes all previous instructions.

Signed:..... Date:.....

On completion please forward this form to:

**c/o: Nicola Field
Bridgend Lifesavers Credit Union Ltd
Lifelong Learning Centre
Murfield Close
Sarn
Bridgend
CF32 9SW**

FOR OFFICE USE ONLY

Date of Receipt

Input Date

Batch No

Input By

