

# Bridgend Lifesavers Credit Union Ltd

Sarn Head Office Lifelong Learning Centre, Merfield Close, Sarn, Bridgend, CF32 9SW Telephone: 01656 729912

Bridgend Town Centre Branch 1 Station Hill, Bridgend, CF31 1EA Telephone: 01656 667089  
Email: [info@blscu.co.uk](mailto:info@blscu.co.uk) Website: [www.blscu.co.uk](http://www.blscu.co.uk)



## Payroll Deduction Mandate Amendment/Cessation

Pay Number:..... Employer:.....

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.

**The notification is effective immediately and supersedes all previous instructions.**

Signed:.....

Print Name:..... Date:.....

**On completion please forward this form to:**

**Bridgend Lifesavers Credit Union Ltd  
Lifelong Learning Centre  
Merfield Close  
Sarn  
Bridgend  
CF32 9SW**

**Alternatively, please email to [info@blscu.co.uk](mailto:info@blscu.co.uk)**

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**For office use only**

Date received:..... Date sent:.....