



## 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**

Date Of Receipt	Input Date	Batch No:	Input By

