



Dragonsavers
Credit Union
107 Bute Street
Treorchy
CG42 6AU
Tel: 01443 777043
Fax: 01443 777043

Payroll Payment Authorisation Form

Please complete the following in BLOCK CAPITALS

Employers name: _____

Employees name: _____

Employees payroll no: _____

Employees Dept: _____

Credit Union Membership N^o: _____

I authorise _____ (employer) to deduct £ _____

From my pay: monthly / four weekly / fortnightly / weekly (delete as appropriate)

Start date: ____/____/____ until further notice.

Employee signature: _____ Date: ____/____/____

Credit Union Signatory: _____ Date ____/____/____

I wish Dragonsavers Credit Union to divide these deductions into the following amounts;

£ :

£ :