

**EMPLOYER INFORMATION**

Name of Employer.....  
Payroll/Personnel Number .....

**PERSONAL INFORMATION**

Surname.....  
First name .....

Address .....

Address .....

Address ..... Post code .....

Home phone ..... Mobile .....

**PAYROLL DEDUCTION REQUEST**

Amount requested £ .....

**This payroll instruction replaces any previous instruction.**

In the event that I give or receive notice of termination of employment, I give permission for the payroll section to advise the credit union of the termination date and any monies owing to the credit union be deducted out of my last salary, unless an alternative repayment method has been agreed in advance.

I will not vary this instruction without the knowledge and consent of Oxfordshire Credit Union.

I hereby authorise my employer to supply and make available to the credit union any personal information they may need in order to recover any money owed by me.

**SIGN HERE**

Member's signature ..... Date .....

**OFFICIAL USE ONLY**

Authorised by ..... Date .....

Please quote Credit Union Membership Number .....