



Rainbow Saver Anglia

Credit Union Ltd.

www.rainbowsaver.co.uk

Tel/Fax 01502 584854

PAYROLL DEDUCTION AUTHORITY

Name of Employer

Employee's Name:

Employee's Home Address:

.....

Employee's Payroll Reference Number:

Please deduct £..... from my monthly/weekly salary.
From the next available pay date until further notice.

And pay these monies to:

Rainbow Saver Anglia Credit Union Ltd.
Co-operative Bank Sort Code: 08-92-50
Account Number: 50119750

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 so that an alternative saving/repayment method can be arranged.

Signature: Date:

This payroll instruction replaces any previous instruction.

Please sign if applicable:

Send to Credit Union for processing – NOT to the payroll section

Office Use

Please quote Credit Union Membership number: