

London Community Credit Union

Name:

Membership Number:

Payroll deduction to be credited as follows:

Account	Primary Member Account	Link Member Account	Link Member Account
		Acc No:	Acc No:
Share savings			
Loan repayments			
Instant Access			
CUCA			
Holiday/Special Event			
Christmas/EID			
Jam Jar			
Other			

Total Deductions:			
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Where deductions are allocated to loan repayment, and we receive no amendment instructions from you, on full repayment of the loan, excess funds will be automatically credited to your Instant Access Account.

FOR OFFICE USE ONLY

Please Print

Date updated:

Updated by:

Branch BG CS RR MS

Payroll Deduction Form

London Community Credit Union

I a member of the London Community Credit Union Ltd, (LCCU) authorise..... (employer/payroll administrator) to deduct the sum of £..... weekly/fortnightly/monthly from my salary and forward to LCCU, for allocation to my account.

I further pledge that this authorisation cancels any previous deduction form that I have signed and is not to be changed unless by written permission. I understand these deductions will end automatically on the termination of employment contract.

Signature of Member

Signature of Employer / Payroll Administrator

Employee Payroll Number:

Date:

Effective Start Date:

EMPLOYER/PAYROLL ADMINISTRATOR: RETAIN THIS PORTION FOR YOUR RECORDS
By signing this form I agree to send the requested payment to LCCU Main account (Sort Code: 08-92-50 Acc No: 67008281) with accompanying remittance advice to info@londoncu.co.uk two days prior to payment.

T 020 7729 9218
E info@londoncu.co.uk
www.londoncu.co.uk



Bethnal Green	Bow	Poplar	Hackney
473 Bethnal Green Road, London E2 9QH	570 Roman Road, London E3 5ES	16 Vesey Path, London E14 6BT	225 Mare Street, London E8 3QE

London Community Credit Union

I (Membership #.....) a member of the London Community Credit Union Ltd, (LCCU) have authorised my employer/ payroll administrator..... to deduct the sum of £..... weekly /fortnightly/monthly from my salary and forward to LCCU for allocation to my account, as detailed overleaf.

I further pledge that this authorisation cancels any previous deduction form that I have signed and is not to be changed unless by written permission. I understand these deductions will end automatically on the termination of employment contract.

Signature of Member

Signature of Employer / Payroll Administrator

PAYROLL ADMINISTRATOR CONTACT DETAILS:

Name:

Email:

Phone:

Employee Payroll Number:

Date:

Effective Start Date:

PLEASE COMPLETE AND RETURN TO LCCU
Address: The Finance Manager, London Community Credit Union,
473 Bethnal Green Road, London, E2 9QH