



barrow credit union

**BARROW & DISTRICT CREDIT UNION**  
1-3 The Mall, Barrow in Furness, LA14 1HL - Tel: 01229 870110

FCA Registration Number: 582921

# PAYROLL DEDUCTION ORDER

## FOR COMPLETION BY EMPLOYEE

To the Payroll Department at \_\_\_\_\_

(Company Name)

Please commence deductions of £ \_\_\_\_\_ Per Week Per Month (Please circle as appropriate)

From my wages/salary, in favour of Barrow & District Credit Union. Deductions are to commence from the first available pay date and shall remain in effect until such time as I give notice in writing of any changes.

Commencement Date for Payroll Deduction

Full Name

Payroll Number

National Insurance Number

Contract Type e.g. Permanent/Temporary/Casual

Place of Employment

Signed

Date

## FOR COMPLETION BY CREDIT UNION REPRESENTATIVE

Member Number

I hereby confirm that

(Employee Name)

Is an employee of

(Name of Employer)

and that appropriate identification and proof of address has been received and photocopied

Signed

(Credit Union Representative)

Date