

Payroll Payment Authorisation

Merthyr Tydfil Borough Credit Union Ltd.
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Nov 2015

New

Amend

Cancel

Please complete the following in **BLOCK CAPITALS**

Membership No:

Title: Surname: Forename(s):

Address:
.....

Employers Name: _____

Employees Dept: _____ Payroll Number: _____

Previous deducted Amount : (If Applicable) £ _____

New Amount to be deducted from my pay £ _____

in words _____

Monthly Four Weekly Fortnightly Weekly

Start Date / / until further notice. Cancel Date / /

Member Signature: _____ Date:/...../.....

Merthyr Tydfil Borough Credit Union Signature: _____ Date :...../...../.....

Entered on Curtains by.....Date...../...../.....
Posted / Uploaded to Employer by.....Date/...../.....