PUBLIC SERVICE CREDIT UNION LTD.
Working Together

PAYROLL DEDUCTION AUTHORISATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

To: Accounting Officer

In accordance with membership of Public Service Credit Union Ltd., I hereby agree to have my contributions to Public Service Credit Union Ltd. deducted from my salary and that such contributions will be paid to Public Service Credit Union Ltd. on my behalf. I understand that it is my responsibility to ensure the correct deductions are made. *All communications relating to the Credit Union regarding direct deductions from salary must be forwarded to the Credit Union and* ***not the Salary Section.*** **I also agree that deductions shall continue to be made unless otherwise notified by the Credit Union. Please note that this can take two/three weeks to implement as payroll works in advance.**

1. DEDUCTION DETAILS

Name

Credit Union Member Number ☐☐☐☐☐☐

Driver/Personnel Number/Pension Number (as on pay slip) ☐☐☐☐☐☐☐☐ (Please include all letters and numbers)

Amount being deducted at present (per payday) €

New deduction (per payday) €

Amount in words

How often are you paid (tick one only) Weekly ☐ Fortnightly ☐ Monthly ☐

2. PERSONAL DETAILS

Employer **Occupation**

Telephone Number

Email

This instruction supersedes any previous correspondence

Signature Date

For Public Service Credit Union Limited

Approved by Date

4-5 Lincoln Place, Dublin 2, D02 XR68
Earl Place Office, Dublin 1, D01 P7K8
Tel: 01 6622 177 Fax: 01 6622 861
Email: info@pscu.ie Web: www.pscu.ie

DEDUCTION BREAKDOWN

Account Number	Amount
Shares	€
Loan 1	€
Loan 2	€
	€
*	€
*	€
Total Credit Union Deduction	

*Please insert name of account and amount if not listed above.