

# LONDON CAPITAL CREDIT UNION

## Salary Savings Scheme - Deduction Mandate

Member Number:

First Name:

Surname:

Name of employer:

Payroll / Employee Number: (if known)

Please pay the sum of: (amount in figures)

£	:	p
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Commencing:

Until:

Please pay the sum of: (amount in words)

(The Credit Union may vary this sum at the request of the member)

Please: (tick one)

**NB.** Deductions are credited to your account on the day the employer notifies us of the sum deducted for the pay period. This is likely to be a little later than your normal pay date.

<input type="checkbox"/> pay on a <b>weekly</b> basis  <input type="checkbox"/> pay on a <b>monthly</b> basis
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**Please cancel any previous salary deduction mandate to the Credit Union.**

**Please return this form to:**

Credit Union Office,  
Jeremy Hopgood Rooms, Caxton House,  
129 St John's Way, Islington, N19 3RQ

If any part of this form is not completed fully or correctly, please return to the above address.

I authorise deduction of my savings from my salary/wages at the rate notified from time to time by the credit union to be paid to London Capital Credit Union Ltd.

**Employee's signature:**

<hr style="width: 80%; margin-left: auto; margin-right: 0;"/>
Date:

Loan	Account 1	Account 2	Account 3	Account 4	TOTAL
£	£	£	£	£	£

Tel. 0207 561 1786

www.credit-union.coop

info@credit-union.coop