

AUTHORITY FOR PAYROLL DEDUCTION

Please complete, sign and return to Scotwest Credit Union, 13 Elmbank Street, Glasgow G2 4PB.

If you have any queries or require any further information, please contact the Member Enquiry Line on 0141 227 2390

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National Insurance No
Weekly Fortnightly 4-Weekly Monthly
OFFICE / DEPARTMENT OF FINANCE ion of £ \Box per pay from my salary. I understand this instruction may be held Union and details sent electronically to my pay office and that future changes to the amount ay also be sent electronically to my pay office.
Date
SCATWEST where people count
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