

Payroll Deduction Order Form

This cancels any previous instructions

To Payroll Section:	
Name of Employer	
Please commence deductions of	
£	Per week / 4 week / month (delete as applicable)
In favour of Cardiff & Vale Credit Union Ltd.	
Deductions are to commence from the first available pay date and shall remain in effect until such time as I give notice to Cardiff & Vale Credit Union in writing of any changes.	
Surname	
Forenames	
Place of work	
Pay no	
Signed:	Date:
Any future amendments must be made via the Credit Union.	
For Office Use Only	
Deduction Ref	
Authorised by	

Return to: Cardiff & Vale Credit Union, 4 Working Street, Cardiff, CF10 1GN

PLEASE TURN OVER FOR BANK STANDING ORDER FORM

Cardiff and the Vale Credit Union is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our FSA Firm Reference Number is 213467