

PAYROLL DEDUCTION FORM					
To the pay	roll department of:				
Your name:					
Payroll number:					
WCCU membership number:					
Please commence deductions of £ . per month from my salary, to be paid to: Wolverhampton City Credit Union Ltd					
Deductions are to commence from the first available pay date and shall remain in effect until further notice is given in writing to the credit union.					
Signed:					
Date:					

Civic Centre, St. Peter's Square, Wolverhampton WV1 1SH Telephone **01902 572340** E-mail **contactus@wccul.co.uk**