

PAYROLL DEDUCTION FORM - AMENDMENT

To the payrol	I department of:
Your name:	
Payroll numb	er:
WCCU membership number:	
Current dedu	ction of £ .
New deduction	on 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**