

SCOTTISH AMBULANCE SERVICE SPECIAL HEALTH BOARD

**SCOTTISH TRANSPORT CREDIT UNION LTD**

**186 ARGYLE STREET GLASGOW G2 8HA**

“Authorised and Regulated by the Financial Services Authority FRN 213869”

**AUTHORISED PAYROLL DEDUCTION FORM (i)**

I (print name) \_\_\_\_\_ Pay Number \_\_\_\_\_

Location \_\_\_\_\_

Authorise the deduction of £\_\_\_\_\_ per month from my salary effective  
From my next salary date, until further notice, on behalf of the  
SCOTTISH TRANSPORT CREDIT UNION LTD.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Credit Union Officer \_\_\_\_\_

FOR PAY OFFICE USE ONLY  
DEDUCTION CODE 2095

Input by \_\_\_\_\_

Date \_\_\_\_\_

*Completed forms should be  
forwarded to-  
Scottish Ambulance Service  
National Headquarters  
Tipperlinn Road  
Edinburgh EH10 5UU*

**NOTE; By arrangement with the Scottish Ambulance Service this form is  
not valid without being countersigned by the Credit Union Local Officer**