



(Please complete in black ink only)

## **EARNINGS DEDUCTION FORM**

I (print) \_\_\_\_\_ Full Payroll No. \_\_\_\_\_

Company \_\_\_\_\_

Location \_\_\_\_\_ request an earning deduction from next relevant date, change from:

£ \_\_\_\_\_ to £ \_\_\_\_\_ weekly  2 weekly  4 weekly  mthly  and to be forwarded to

The Transport Credit Union.

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

Signed \_\_\_\_\_ on behalf of Credit Union\*

**NOTE:** By arrangement with your Company, this form is not valid without being countersigned and stamped by the Credit Union, therefore please return this and any other Forms to the Transport Credit Union, 186 Argyle St, Glasgow G2 8HA. Where there is a Local CU Representative he/she will process the Form instead.