



**Suffolk Credit Union Ltd., Endeavour House,  
8 Russell Road, Ipswich IP1 2BX**  
Telephone: 01473 265000  
Email [credit.union@suffolk.gov.uk](mailto:credit.union@suffolk.gov.uk) [www.suffolkcreditunion.org.uk](http://www.suffolkcreditunion.org.uk)

**Scanned/mailed  
to payroll provider**  
by: .....  
Date: .....  
Bacus? .....  
Int:.....

**TO: PAYROLL ENQUIRIES**

**PAYROLL DEDUCTION AUTHORISATION CONFIDENTIAL**

**To ensure payments are deducted correctly and on time, please complete this form IN FULL**

This supersedes any previous instruction and will remain until cancelled by me. NB: Should there be a loan outstanding, cancellation or changes of this order may only be made with mutual consent of Suffolk Credit Union

Mem No: ..... Mr / Mrs / Miss / Ms:.....  
Date of Birth: ..... Daytime Tel. No. ....  
Address: .....  
..... Postcode:.....  
# If applicable

**Work base name and address:** .....  
..... **Payroll No.:** .....  
**Payroll Address:** .....  
With effect from my next pay date and each pay period thereafter, I would like the following deduction to be made from my salary in favour of the Suffolk Credit Union Ltd.  
**Total Deduction £** ..... (.....)  
Pounds in words

**Declaration:**  
I authorise Suffolk Credit Union Ltd and my payroll provider to share any relevant information in relation to payments and any loan I have in connection with this payroll deduction authorisation.  
**Signed:** ..... **Date:** .....  
**NB: Your signature is required. Please scan and email to [credit.union@suffolk.gov.uk](mailto:credit.union@suffolk.gov.uk) or post your form to this office**

ABCUL Affiliated

