

Payroll Payment Authorisation

Gateway Credit Union Ltd. • 21 Commercial Street • Pontypool • Torfaen •
NP4 6JQ • Tel 01495 750020 • info@gatewaycu.co.uk • www.gatewaycu.co.uk



AUGUST 2008

Please complete the following in **BLOCK CAPITALS**

Membership No:

Title:

Surname:

Forename(s):

Employers Name:

Employees Dept:

Payroll Number:

I authorise my employer to deduct from my pay £ in words

Monthly

Four Weekly

Fortnightly

Weekly

Start Date / / until further notice.

Employee Signature:

Date: / /

Gateway Credit Union Signature:

Date: / /

I instruct Gateway Credit Union to divide these deductions into the following amounts:

Shares

£

Loan

£