

# Payroll Deduction Authorisation

6Towns Credit Union Ltd, First Floor, Municipal Buildings, Freeth Street, Oldbury,  
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**PLEASE GIVE THE COMPLETED FORM TO YOUR EMPLOYER.**

## FOR THE ATTENTION OF THE PAYROLL MANAGER:

**Please make the following deduction from my pay in favour 6Towns Credit Union Ltd:**

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

Start Date  /  /  until further notice.

Employee Signature:

Date:  /  /

## TO THE EMPLOYER:

Please make payments to the following account number.

Sort Code

16 - 51 - 92

Account Number

Office use only:

Actioned By:

Date: