



London Mutual
Credit Union

Please return this form to:

London Mutual Credit Union
Accounts Department
4 Heaton Road
London
SE15 3TH

Tel: 020 3773 1751
Fax: 020 7277 8755

Application for Payroll Deduction

Authorisation for deduction by The Payroll Department:

Employee's Name: _____

Membership No: _____ Payroll No: _____

Department: _____

To: The Paymaster

I hereby authorise you to deduct £ _____ each payroll period from my weekly/monthly pay until further notice from me via the Credit Union and to transmit this sum to the London Mutual Credit Union.

Signed: _____ Date: _____

I'm an employee of:

Anchor		Hyde Housing Group	
Southwark Council		Ministry of Defence	
Camden Council		King's College NHS Trust	
Camden Society		Lambeth Council	
Clarence House		London Ambulance Service	
Family Housing		UNISON	
Fusion Life Style		Peabody Trust	
Greater London Authority		Royal Free London NHS Trust	
Guy's & St. Thomas' NHS Trust		Brandon Trust	
House of Lords		Strictly Education	
House of Commons		IPSA	

OTHER : [Please State] _____

Effective Date : _____