
AMENDMENT TO DEDUCTION FORM

- Please complete, sign and submit this original form to the above address to change the amount of your regular payroll deduction.
 - This form must be sent to the credit union office and not to your Payroll Office.
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Payroll Number: _____

Full Name: _____

Name of Employer: _____

Department: _____

Please amend the amount deducted from my wage/salary in respect of my
Tay Valley Credit Union payroll deduction

From: £

To: £

*Every Month/Week/4-weeks/fortnightly (*delete as applicable)

Signature: _____ **Date:** _____

For Office Use Only

Received: _____ To Payroll: _____ Amend CII: _____