

## Payroll Deduction Mandate Form

**Llanelli & District Credit Union Ltd t/a SAVEeasy**

I authorise CCFagri payroll to deduct an amount of £\_\_\_\_\_per week/month\* from my pay to Saveeasy credit union until further notice. This notification is immediate and supersedes all previous instructions.

Email – [alison@saveeasycreditunion.co.uk](mailto:alison@saveeasycreditunion.co.uk)

\*delete as appropriate

Full name:
Email:
Address:
Post Code:
Telephone:
Employee payroll number:
Credit Union Membership No:
Signature:
Date:
Verified by Credit Union:
<b>For Payroll Services only:</b>

**By signing and completing this form, you agree to the following terms:**

Information contained within it can be shared between CCFagri and SaveEasy Credit Union where required. This form and the information contained within it shall be used solely for the purposes of arranging for payments to be made directly to SaveEasy Credit Union in accordance with your instructions.

Each month, CCFagri will provide SaveEasy Credit Union with details of your name, employee number and the amount you are paying to SaveEasy Credit Union to ensure the funds are allocated to your account with the Credit Union.

This form and the information contained within it shall be kept confidential and shall not be released to anyone other than CCFagri or SaveEasy Credit Union without your written consent.