

Payroll Deduction Amendment Form

Please ensure the information provided is accurate and clear.



* Indicates Mandatory Field

Start date for Change to Payroll Deduction:*	
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New Amount of Deduction?*	
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Credit Union Membership Number:*							
Carmarthenshire County Council Employee Number:*							
NI Number:*							
Title:*	Mr/Mrs/Miss/Ms/Dr/Councillor/Other						
Surname:*							
Forename(s):*							
Date of Birth:*							
Home Address in Full (including Post Code):							

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Contact Details:							
Telephone:							
Email:							

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

Information contained within it can be shared between Carmarthenshire County Council 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, Carmarthenshire County Council 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 Carmarthenshire County Council or SaveEasy Credit Union without your written consent.

Employee Signature	
Signature:*	
Date Completed:*	

Please return this form to your employers Payroll department

For office use only:

Processed by		Checked by	
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