

Payroll Deduction Form
CREDIT UNION PLUS (046 9021395)
ABBAY HOUSE MEDICAL CENTRE

To: Abbey House Medical Centre

I authorise you to deduct the sum of €_____ from my weekly/fortnightly/monthly remuneration and pay this sum to Credit Union Plus Ltd on my behalf with effect from this date

I understand that I cannot withdraw or change this authority without the approval of Credit Union Plus Ltd.

NAME: _____

SIGNATURE: _____

EMPLOYEE REF NO: _____

CREDIT UNION ACC NO: _____