



Health Services Staffs  
Credit Union

**Payroll Deduction Form for health services staff where this scheme is operated.**

Alternatively, for direct debit forms, please contact our office.

**To the Finance Officer of:**

.....

**(Name of Employing Authority/Hospital)**

**Your Name**.....

**Credit Union No.:** .....

(The credit union will complete this once a number has been allocated to you)

**Your Staff No.:** .....

**I authorise the deduction from my pay/pension in the sum of €.....**

**per week**  **fortnight**  **month**  **and forward same to:**

**Health Services Staffs Credit Union**

**5 High Street**

**Christchurch**

**Dublin 8**

- I recognise that this deduction from my payroll is being made solely as a measure of convenience to me as a member of Health Services Staffs Credit Union Limited.
- I confirm that the ultimate responsibility for ensuring that the deductions have been made rest with me the member.
- I recognise that beyond making remittance to the credit union of the sum concerned my employer accepts no further responsibility in this matter.
- I acknowledge that only sums which have been deducted from my salary and for which the credit union have received value shall be applied to my account.
- In the event that a payment from my employer is made and applied to my account but is later cancelled by my employer, I acknowledge that such cancellations will immediately be cancelled on my account and the credit union will inform me in writing of any such cancellations.

**Additional notes: (e.g. split the above deduction into your share a/c or loan a/c etc.)**.....

Please note this deduction can be increased or decreased by completing a new Payroll Deduction slip. Should you wish to stop this deduction please contact the credit union in writing.

**Signed:** .....

**Date:** .....