

PAYROLL DEDUCTION FORM WHERE THIS SCHEME IS OPERATED

Alternatively for direct debit forms, please see our website or contact our office

(Please complete all sections in BLOCK CAPITALS)

To the Finance Officer of: (Name of Employing Authority/Hospital)	Please deduct the following amount from my wages:
	Please tick the frequency of your pay:
Your Name:	Weekly
Credit Union Account Number:	Fortnightly O
Your Staff Number:	and forward same to:
Please deduct the following amount from my wages: €	Health Services Staffs Credit Union Limited 5 High Street, Christchurch, Dublin 8
Signed: Date:	
I confirm that the ultimate responsibility for ensuring that the deductions have been I recognise that beyond making remittance to the credit union of the sum concerne I acknowledge that only sums which have been deducted from my salary and for whaccount. In the event that a payment from my employer is made and applied to my account.	ed, my employer accepts no further responsibility in this matter. nich the credit union have received value shall be applied to my but is later cancelled by my employer, I acknowledge that such
cancellations will immediately be cancelled on my account and the credit union will	g,
Signed: Date: Additional Notes: (e.g. split the above deduction into your share	a/c or loan a/c)
Signed: Date:	a/c or loan a/c)
Signed: Additional Notes: (e.g. split the above deduction into your share Please note this deduction can be increased or decreased by completing	a/c or loan a/c)

Registered Office: 5 High Street, Christchurch, Dublin 8

T: (01) 6778648 • Lo Call 1890 677864 • F: 01 677 8664 • E: info@hsscu.ie • www.hsscu.ie

James's Street Branch: Phoenix View, 144-150 James's Street, Dublin 8. St. Gabriel's Branch: 34-36 St. Patrick's Quay, Cork.