



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

Your Staff Number:

Monthly

Please deduct the following amount from my wages: €

and forward same to:

Health Services Staffs Credit Union Limited,
5 High Street, Christchurch, Dublin 8. D08 X7T1

Signed:

Date:

Terms & Conditions

- 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.

Signed:

Date:

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

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

Registered Office:
5 High Street, Christchurch, Dublin 8, D08 X7T1.
tel: 01 6778648 lo call: 1890 677864 email: info@hsscu.ie

#putsUfirst

Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland

