

PAYROLL
AMENDMENT
ORDER

TO THE PAYROLL SECTION

Member No:.....

Full Name:.....

Employee No:.....

Section:.....

Dept:.....

Pay Interval: *Weekly / Monthly
*Delete as appropriate

I authorise the Payroll Section to change
the deduction to Rothersave Credit Union
from the next available payroll from

£..... to £.....

Signed:.....

Please return this form to:
Rothersave Credit Union Ltd
R.A.I.N Building
Eastwood Lane
Rotherham
S65 1EQ Tel: 01709 514263

Office Use Only

Authorised:.....

Date:.....

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