Payroll Deduction Mandate

Head Office: Harlequin Court, 44a Windsor Road, Neath, SA11 1LZ
Email: admin@celticcreditunion.co.uk **Telephone Number:** 0333 006 3002

Please check with your employer to see if they allow payroll deductions.

Name:			
Payroll Number:			
Employers Name:			
Employers Address:			
		Post Code:	

Payment Details *(Please complete in block capitals)*					
Please pay: The Cooperative Bank, PO Box 250, Delf House, Southway, Skelmersdale, WN8 6WT					
For the credit of:	**Celtic Credit Union Ltd**		**Sort Code:**		**08 - 92 - 99**
			Account Number:		**65172290**
The amount of (£):		**Paid Every:**	Week	Fortnight	Month
Amount in words:					
Commencing Date:	/	/			
Please Quote Reference Number:					

In signing this mandate, I understand that Celtic Credit Union Ltd may need to discuss this request with my employer and I consent to any exchange of data that may be necessary from time to time to ensure the effective set-up and ongoing management of this Payroll Deduction arrangement. I understand that due to financial processing times there will be a delay from the date my salary is paid to the date these funds are received into my Credit Union account.

Signature:		**Date:**	