



Ipswich & Suffolk Credit Union Ltd.  
61/63 Austin Street, Ipswich  
IP2 8DF

email:office@iscu.org.uk  
tel:01473 690690

## Payroll Deduction Authority

Name of Employer:

Employee's Name:

Employee's Address:

Post  
Code:

Employee's Payroll  
reference number :

Please deduct

£

from my

monthly/weekly

salary from the next available pay date  
until further notice.

And pay these monies to:

**The Ipswich & Suffolk Credit Union Limited**  
**Co-operative Bank plc**  
**Account Number: 50000788**  
**Sort Code: 08-92-50**

In the event that I give or receive notice of termination of employment, I give permission for the payroll section to advise the credit union of the termination date so that an alternative savings/payment method can be arranged.

Please quote reference  
number:

(The ISCU office will  
supply)

Signature:

Date:

This cancels any previous mandate\*

\*Sign if necessary

**Please return this form to the credit union for processing. Please do not send this directly to your company's payroll section.**