

Bridgend Lifesavers Credit Union Ltd

Head Office: 1/1A Caroline Street, Bridgend, CF31 1DN Telephone: 01656 667089 / 01656 729912
Email: info@blscu.co.uk Website: www.blscu.co.uk



Payroll Deduction Mandate Amendment/Cessation

Pay Number:..... Employer:.....

Surname:..... Occupation:.....

Forenames:..... Based at:.....

Credit Union Number.....

I hereby authorise payroll deduction to Bridgend Lifesavers Credit Union of

£..... per week / month (delete as appropriate)

OR

I hereby authorise payroll deduction to Bridgend Lifesavers to cease with immediate effect.

The notification is effective immediately and supersedes all previous instructions.

Signed:.....

Print Name:..... Date:.....

On completion please forward this form to:

**Bridgend Lifesavers Credit Union Ltd
Lifelong Learning Centre
Merfield Close
Sarn
Bridgend
CF32 9SW**

Alternatively, please email to info@blscu.co.uk

Privacy Policy

In accordance with the General Data Protection Regulation (GDPR), we will use your personal details for the purpose of managing your account with the Credit Union. For more information on how we treat your personal data, please refer to our privacy policy which is available under 'About Us' on our website www.blscu.co.uk or email info@blscu.co.uk to request a copy.

For office use only

Date received:..... Date sent:.....