

WORKING FOR YOU



WORKING WITH YOU

MEMBERSHIP No (office use only) _____

EARNINGS DEDUCTION FORM

(Please complete in black ink only)

I(print) _____ Full Pay Ref _____ Company _____

Occupation _____ Location _____

request an earning deduction change from the next relevant date, from £ _____ to £ _____:

weekly 2 weekly 4 weekly monthly and to be forwarded to the Transport Credit Union on my behalf.

I agree that this form is not valid without being countersigned and stamped by the Credit Union*

Member Signature: _____ Date: _____

*Signed: _____ on behalf of the Credit Union

Note: please return this and any other forms to the Transport Credit Union, 186 Argyle Street, Glasgow, G2 8HA. Alternatively where there is a local CU Employee Representative, he/she can process the form for you instead.

THE TRANSPORT CREDIT UNION
186 ARGYLE STREET GLASGOW G2 8HA Tel: 0141 221 7474
(THE TRANSPORT CREDIT UNION IS THE TRADING NAME OF SCOTTISH TRANSPORT CREDIT UNION LTD)
"Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority FRN: 213869"
