



Working For you, Working With You

The Transport Credit Union, 186 Argyle Street, Glasgow,
G2 8HA

Member Services Department
0141 221 7474, **Option 1**
enquiries@transportcu.co.uk

EARNINGS DEDUCTION

Credit Union no _____

Please complete in black ink

I (print name) _____ instruct an earnings deduction change at the earliest date,

from (current payment) £ _____ to £ _____, to be paid to The Transport Credit Union on my behalf,

Weekly

Fortnightly

4-weekly

Monthly

Full Pay Ref (if Railway please provide, national insurance number) _____

Employer _____ Workplace Location _____

Occupation _____

I understand this form is not valid without being countersigned by Credit Union staff or representative

Member's Signature _____ Date ____/____/____

*Signed _____ on behalf of the Credit Union

This form should be returned to the Credit Union office, or given to your workplace Credit Union rep (if applicable).

Note: You can email the completed, hand-signed form to enquiries@transportcu.co.uk or just post the form directly to the office (Please send via **one method only).**