

Pay Number:

Name:

Department:

Occupation:

Name of Employer:**NHS TAYSIDE**.....

Please deduct the amount stated below from my salary:

£.....

Month Commencing

Signature:..... Date:

This form must be returned to the Credit Union Office and not to your Pay Office.

Angus Credit Union is regulated by the Financial Services Authority

*Angus Credit Union
13 Castle Street
Forfar
DD8 3AE*

For Office Use Only

Received:

To NHS TAYSIDE:

Please quote our Membership number in reference _ _ _ _