

Payroll Deduction Amendment Form

Name..... DOB.....

Account/Force/Civilian Payroll Number

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Department/Station.....

New Monthly Deduction	£
Other accounts (if applicable)	
Name..... Acc Number.....	£.....
Name..... Acc Number.....	£.....
Name..... Acc Number.....	£.....
Total per month	£

I give authority to the Harp and Crown Credit Union to deduct the amount as requested directly from my salary by pay section.

This instruction supersedes all previous authorities.

Member Signature..... Date.....



Office Opening Hours

Monday - Friday 9.00am - 5.00pm
Saturday - Closed
Sunday - Closed



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@HarpandCrownCU

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