

**St Gabriel's (Cork) Credit Union Limited**

34/36 St Patrick's Quay, Cork. Tel: 021 - 4552345 Fax: 021 - 4553030

Payroll Deduction Authorisation Form

Name		C.U. Account No	
Company Name		Staff No	
Payment Type	Weekly __ Fortnightly __ Monthly __		
Total Deductions €			

To Payroll Department

I hereby irrevocably authorise and instruct you forthwith to deduct the sum of € _____ each week/fortnight/month from my wages/salary, such deductions to be paid to St Gabriel's (Cork) Credit Union Limited on my behalf until further written notice.

Applicant's Signature		Date	
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Payroll Deduction Authorisation Form

Name		C.U. Account No	
Company Name		Staff No	
Payment Type	Weekly __ Fortnightly __ Monthly __		

Please state all accounts (if any) that are being paid via your payroll. Have you a sub account, club (golf, soccer) account, spouse or children account?

Breakdown of Deductions		
Account Name	Account No	€
Total €		

To Payroll Department

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Applicant's Signature		Date	
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Office use only

Checked by		Date	
Original to Payroll		Date	
Posted by		Date	
Filed By		Date	