PAYROLL DEDUCTION ORDER

Please read all sections of the Application Form before completing.

Please make the following deduction(s) from my weekly/monthly* pay in favour of Oldham Credit Union. (Your £1 membership fee will be deducted from your first deposit)

Per week/month* from the first available pay date. *Please delete as appropriate *Please delete as appropriate			
Full Name:		Employer:	
Employer's Address:			
		Postcoo	le:
Payroll/Contract Number:		Departmer	it:
Signature:			
This section to be comp Note to Payroll Dept: D	leted by OCU o not process unless this section is	completed by Oldha	m Credit Union
Signed on behalf of OCU	Date:		Official Stamp:
STANDING ORDER FORM			
Please complete this section if you would like your credit union savings to be made directly from your own bank account.			
Bank/BS Name:		Address:	
		Postcode:	
Branch Sort Code:		Account No:	
Name(s) of account holder	(s):		
Payee Bank: Co-operative	Bank plc Account name: Oldhan	n Credit Union	
Branch Sort Code: 0	8 — 9 2 — 5 0	Account No:	6 7 0 0 1 3 4 3
I/We authorise and request you to debit my/our account with the sum of			
and to credit OCU Ltd, un	der the following reference no. R	ef: (office use only)	
NOTE TO BANK/BS: Please use this reference no. for all payments starting on And continuing MONTHLY / WEEKLY until further notice.			
Signature(s) of account hole	der(s)		
Date: NOTE TO BANK/BS: This order cancels any previous order under this reference.			