

## Payroll Deduction Authorisation Form for Kent Savers Members

Please complete in BLOCK CAPITALS, sign and date this form and return it by email (as a scanned attachment) to [info@kentsavers.co.uk](mailto:info@kentsavers.co.uk) or post it to the address below.

About you			
First Name		Surname	
Kent Savers Membership Number		Date of Birth	
Employer			
Department		Payroll number	
About your deduction			
How much do you want deducted in total?	£	MONTHLY WEEKLY (only available for individuals paid weekly)	Delete as applicable
Amount in words			
Amount to be lodged to Savings £			Amount to be lodged to Loan (if applicable) £
From Start Date	____ / ____ / 20____ dd / mm / yyyy	until further notice	
Your declaration			
I authorise my employer to make the above deduction from my salary to be paid to Kent Savers Credit Union Ltd or its successor. If my current employment ceases, I shall inform Kent Savers immediately and I authorise my employer to do the same.			
Employee Signature .....		Date: .....	
(Office use only)	Reference		
	Kent Savers Signature	.....	Date .....