

## Payroll Deduction Order

Cash Box Credit Union

**Please return this form to:**

Cash Box Credit Union, Tameside One, Market Place, Ashton under Lyne OL6 6BH Tel: 0161 342 3266



|             |                                |
|-------------|--------------------------------|
| Name:       | Member No:                     |
| Employer:   | Payroll No.                    |
| Department: | Deduction to Commence (month): |

**Please split my payroll deduction as follows:**

| Shares: | Loan: | Festival Club: | TOTAL |
|---------|-------|----------------|-------|
|         |       |                |       |

|         |       |
|---------|-------|
| Signed: | Date: |
|---------|-------|

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