



AMENDMENT TO DEDUCTION FORM

Pay Number:

--	--	--	--	--	--	--

Name: _____

Department: _____

Occupation: _____

Name of Employer: _____

(E.g. Dundee City Council, Tayside Contracts etc)

**Please change the amount deducted
from my wages/salary:**

From:

£

To:

£

Please Tick One Box:

<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Fortnightly
<input type="checkbox"/>	4-Weekly
<input type="checkbox"/>	Monthly

Signature: _____ Date: _____

This form must be returned to the Credit Union Office and not to your Pay Office.

Received: _____ To Pay Office: _____ CUBIS: _____