



Ballinasloe Credit Union (Our Lady of Lourdes) Limited.

Payroll Deduction Request

Credit Union Account No.

To Wages Section

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I..... Hereby, authorise

to deduct the sum of €..... Frequency : Weekly/Fortnightly/Monthly

Start Date ___ / ___ / ___

From my salary and forward this amount to Ballinasloe Credit Union Limited, Main St., Ballinasloe.

- *This Order cancels any previous order drawn by me in favour of Ballinasloe Credit Union Ltd.*

Signed: _____ Print Name _____

Address: _____

_____ Staff No _____ Date _____

Payroll Deduction Request

Part B

Breakdown of Payment.

Total Amount _____

Loan Amount _____

Signed _____

Credit Union Account No. _____

Savings Amount _____

Frequency _____

Date _____

Email info@ballinasloecreditunion.ie

Main Street, Ballinasloe, Co. Galway. Tel 090-9643179 Fax 090-9643511