

| |
|-----------------------------|
| Surname |
| Forename(s) |
| Title: Mr / Mrs / Ms / Miss |
| Address |
| Post Code |

| | |
|---|-----------------|
| Employer: Name & Address | |
| Lichfield District Council District Council House Frog Lane Lichfield Staffs | |
| Post Code | WS13 6YY |

| |
|-------------|
| Home Tel No |
| Mobile No |
| Email |
| N I Number |

| |
|---------------|
| Tel no. |
| Employee Ref. |
| Department |
| Email |

Please commence deductions of £..... per week / month* from my wages / salary* in favour of Fusion Credit Union Ltd.

Deductions are to start from the first available pay date and remain in effect until I give notice in writing of any changes to Fusion Credit Union Ltd.

*Delete as appropriate

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

Please complete all sections and return to Fusion Credit Union Ltd at the address below or at any of our Collection Points.

~ This section below is for office use only ~

| |
|---------------|
| Member Number |
|---------------|

| |
|-------------|
| Date Joined |
|-------------|

| |
|----------|
| Input By |
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| |
|------------|
| Input Date |
|------------|