

CHANGE OF PAYMENT MANDATE - DIRECT DEBIT

Name _____ Membership No. _____ Reg / Payroll No. _____

Address _____

Post Code _____

I hereby authorise the Scottish Police Credit Union to alter the Direct Debit in their favour as detailed below.

I want to alter the amount / date of collection / both (delete as required)

Collection dates (please circle) 1st 8th 16th 24th

<u>My Payments</u>			<u>My Entitled Member's payments</u>		
Payment	From	To	I hereby request that my Credit Union payments be altered as below, subject to my enabling member giving authority for the consequent alteration to his/her salary deduction.		
Membership Account	£_____	£_____	Payment	From	To
Saverplus Account	£_____	£_____	Membership Account	£_____	£_____
Kidzplus Account	£_____	£_____	Saverplus Account	£_____	£_____
Loan 1	£_____	£_____	Loan 1	£_____	£_____
Flexiloan	£_____	£_____	Flexiloan	£_____	£_____
Special Loan	£_____	£_____	Special Loan	£_____	£_____
Entitled Member(s)	£_____	£_____	Family Protection Plan	£_____	£_____
Family Protection Plan	£_____	£_____	Total	£_____	£_____
Total	£_____	£_____	Signature _____		
Signature _____			(Entitled Member)		
Date ___ / ___ / ___			Date ___ / ___ / ___		

OFFICE USE: 1st Check: _____ 2 nd Check: _____ Payrun No: _____ Date Due ___ / ___ / ___
