

# Salary Deduction Form

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

Value of deduction: \$: _____ _____ _____	Frequency: Weekly Fortnightly Monthly
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**Declaration:**

I \_\_\_\_\_ hereby assign my salary deduction as detailed above to CANNING'S EMPLOYEES' CREDIT UNION, CO-OPERATIVE SOCIETY LIMITED (CECU) to be credited to my account number \_\_\_\_\_ in accordance with the breakdown on Appendix A, with effect from \_\_\_\_\_. This cancels and replaces any previous deductions.

I agree that upon termination of employment, any benefits due to me, are to be forwarded to CECU for the purpose of reducing or clearing my liability to CECU, and I confirm that these instructions are irrevocable unless cancelled in writing by CECU.

MEMBERS SIGNATURE: \_\_\_\_\_ CECU OFFICER (NAME/SIGNATURE) \_\_\_\_\_

CECU STAMP \_\_\_\_\_ Date: \_\_\_\_\_

<b>TO BE COMPLETED BY EMPLOYER:</b>	
Irrevocable instructions accepted.	
AUTHORISED SIGNATORY _____ (Print Name)	_____ (Signature)
COMPANY STAMP _____	Date: _____

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## APPENDIX A: Allocation of Deduction

To be completed by Member:

Loan Interest : \$	Medical Plan: \$
Personal Loan Principal: \$	FIP: \$
Car Loan Principal: \$	Sub Acc1: \$
Mortgage Loan Principal: \$	Sub Acc 2: \$
Golden Star: \$	Shares: \$
Loan Protection: \$	Other: \$

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CECU Officer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date