

## AUTHORISATION FOR DEDUCTION AT SOURCE

SERVICE NUMBER: \_\_\_\_\_

CREDIT UNION ACCOUNT NUMBER: \_\_\_\_\_

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

AMOUNT TO BE DEDUCTED PER WEEK: € \_\_\_\_\_

I hereby authorise you to deduct from my contribution (as shown above) to ANSAC Credit Union Ltd and to pay over such contribution to ANSAC Credit Union Ltd at appropriate times.

I also agree that such deductions shall continue to be made unless the Department of Defence is otherwise notified by ANSAC Credit Union Ltd.

I understand that it is my responsibility to ensure that the correct deductions have been made.

I hereby authorise ANSAC Credit Union Ltd to withdraw from my shares, the sum of €1.00 per week for Child Aid.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

[PLEASE NOTE OUR DETAILED DATA PROTECTION STATEMENTS CAN BE VIEWED HERE.](#)