

# Direct Debit Deduction Amendment Form

Name..... DOB.....

Account/Force/Civilian Payroll Number 

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New Monthly Deduction	£
Other accounts (if applicable)	
Name.....	Acc Number..... £.....
Name.....	Acc Number..... £.....
Name.....	Acc Number..... £.....
Total per month	£

I give authority to the Harp and Crown Credit Union to deduct the amount as requested by way of Direct Debit from my nominated account.

This instruction supersedes all previous authorities.



Member Signature..... Date.....



**Office Opening Hours**

Monday - Friday 9.00am - 5.00pm  
Saturday - Closed  
Sunday - Closed



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