



## Staff Services Savings Scheme.

Please fill in the details below to arrange deductions

To: Salaries & Wages

PAYROLL DEDUCTION CODE 2503.

Please accept this completed form as authorisation to commence deductions from the members salary

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	First Name:	Surname:
Work Address:..... .....		
Trust Name.....		
Post Code.....	Tel:.....	Ext:.....
Staff No (see payslip for details):	National Insurance number:	
Signature:  Date: __/__/____		Amount to be deducted:  Paid weekly/monthly (circle which applies)

I authorise Salaries & Wages to make the appropriate deduction from my NET salary

### Bank Details

Branch/Building Society Address:..... .....	
Post Code.....	
Account Number:	Sort Code:

**D Floor Tower Block • Belfast City Hospital • Lisburn Road • Belfast BT9 7AB**  
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