ST. PAUL'S
Garda Credit Union Ltd.

Operator No.

GARDA PAYROLL
DEDUCTION AUTHORISATION FORM
Organisation: **St. Paul's Garda Credit Union Ltd.**

8103
- ☐ Garda Weekly Payroll
- ☐ Pensioners Monthly Payroll
- ☐ Widows Monthly Payroll

8104
- ☐ Garda Weekly Budget
- ☐ Pensioners Monthly Budget
- ☐ Widows Monthly Budget

Paypath
- ☐ Weekly
- ☐ Monthly

8109
(Civil Servants)
- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly
- ☐ Others

To: ACCOUNTANT, DEPARTMENT OF JUSTICE

I hereby agree to have my contributions to the above-named organisation deducted each week from my salary. Such contributions will be paid to the above named organisation on my behalf. I also agree that deductions shall continue to be made **unless otherwise notified by the above-named organisation** and that the rate of deductions may be changed from time to time by the above named organisation. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rest with me.

Name (BLOCK CAPITALS): _____

Signature: _____

Employee Registered No.: ☐☐☐☐☐☐

Date: _____

Purpose: ☐   N = New   C = Change   S = Stop

Purpose: ☐   N = New   C = Change   S = Stop

Total Payroll € ☐☐☐☐☐☐

Total Budget € ☐☐☐☐☐☐

Start Date: ☐☐ - ☐☐ - ☐☐

End Date: ☐☐ - ☐☐ - ☐☐

Loans/Shares/Family Members	Amount	Budget
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	€ ☐☐☐☐☐☐
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	€ ☐☐☐☐☐☐
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	€ ☐☐☐☐☐☐
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	€ ☐☐☐☐☐☐
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	Total € ☐☐☐☐☐☐
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	
☐☐☐☐☐☐	€ ☐☐☐☐☐☐	

Total € ☐☐☐☐☐☐

_____
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