

Deduction at Source



Where an agreement has been made between an employer and Savvi Credit Union Ltd to make payments direct from salary to the Credit Union with the following consent of the Savvi Credit Union Member.

Section A Personal Details

Member Name:	Membership Number:
Staff/Payroll Number:	Phone:

Please tick one of the below:

New Instruction

Amendment (new amount)

Section B Employment Details

Name of Employer:

Please deduct the amount of € from the remuneration payable to me and at appropriate intervals pay Savvi Credit Union Ltd the amount deducted.

My payroll frequency is Weekly Fortnightly Monthly

Section C Consent

I recognise that such deductions being made solely as a measure of convenience to me may be terminated by you at any time. I also recognise that beyond making remittances to Savvi Credit Union Ltd equivalent to the amount deducted, you accept no further responsibility of any kind in the matter. In particular, and without prejudice no liability shall arise where the deductions are not made by you from causes such as my suspension from duty, my unpaid absence through illness, the termination of my services, etc.

Should my remuneration terminate for any reason during the period that this request remains operative you will pay to Savvi Credit Union Ltd the amount deducted by you to the date of such termination. I accept that this instruction can be terminated or varied, only on the instruction of Savvi Credit Union Ltd.

Signature:

Date:

Please also complete page overleaf



Need some help with this form?

Call us on 01 - 632 5100 or email us at hello@savvi.ie

Section D Dispersal Details

Own Credit Union Accounts

Please note that any loan repayments will be credited to your Shares once your loan is finished, unless you instruct us otherwise

Loan:	€	Shares:	€
Second Loan:	€	Online Access Account:	€
Budget Account:	€	Prize Draw:	€

Other(s)

Account Name/Type:		Amount:	€
Account Name/Type:		Amount:	€

Other Savvi Member's Accounts (e.g family member)

Name:		Account Name/Type:	
Membership Number:		Amount:	€
Name:		Account Name/Type:	
Membership Number:		Amount:	€

Total (€)	€
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Privacy/Data Protection Notice

As part of the Deduction at Source arrangement, we will disclose your Personal Data, as provided on this form, to your employer (as specified on this application form) and we will process your Personal Data for the purposes necessary to fulfil our contract with you, in accordance with any legal obligations that we are or become subject to and/or otherwise in accordance with the terms set out in our Data Protection Statement at savvi.ie/data-protection-statement/. Please contact us at dpo@savvi.ie if you have any queries.

Office Use Only

Input by:	Date:	Week Number:
Verified by:	Date:	