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PAYROLL DEDUCTION INSTRUCTION / AMENDMENT

Employer Name & Address	
Name	Department
Payroll No.	National Ins. No.
I authorise Payroll Dept. to deduct £	
OR Please amend the amount which is deducted from my weekly / fortnightly / monthly pay	
From: £	To: £
Signature:	Date:
FOR OFFICE USE ONLY	Date sent to Payroll Dent