transport friendly society

Employees Payroll Deduction Mandate

Full Name Mr/ Mrs/ Miss (BLOCK LETTERS)

Garage / Department

Location **Grade**

Employee Number

National Insurance Number

I hereby authorise my Employer to deduct from my pay, until further notice in writing from me, the contributions payable by me each pay day, as provided in the Rules of the Transport Friendly Society Limited and to pay the amounts so deducted to the Society.

Signed

Date

Note - The Pay Clerk will commence deductions as soon as possible after receipt of this mandate from the Society. Please check your pay advice to ensure that this request has been correctly applied.

For use by the Society and Employer

Employee Number 1 5 14

Code	V/C	Death Fund									Code	V/C	Sick Fund								Code	V/C	Provident Fund							
15	17	18									26		29								37									47
LE		**0**	**0**	**0**						∇	**LF**		**0**	**0**	**0**					∇	**LH**		**0**	**0**	**0**					∇
Code	V/C	Endowment Fund									Code	V/C	Hospitalisation Fund								Code	V/C	Health Cash Plan Fund							
48	50	51									59		61																	
LM		**0**	**0**	**0**						∇	**LN**		**0**	**0**	**0**					∇			**0**	**0**	**0**					∇

V/C Variation Code columns 17, 28, 39, 50 and 60 :-

Enter 'A' if new member to Fund or 'C' if changing value

Payment Frequency **Weekly/4 Weekly/Monthly** **Total of values shown above** **HASH TOTAL**