



**WEEKLY PAYROLL DEDUCTION FORM**

**To: ACCOUNTANT OF DEPARTMENT OF JUSTICE**

I hereby authorise you 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 such 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 rests with me.

**Member Name:**

**Garda Registered Number:**

**Mobile Phone Number:**

**Total Deduction:** €

**Account Split**

**Loan:** €

**Budget:** €

**Shares:** €

**Current:** €

**Other Account Splits:**

Account Number:

Amount:

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**Member Signature:**

**Date:**

The details provided in this mandate together with any other information that is furnished to us in connection with this application will be retained and processed by St. Raphael's Garda Credit Union in accordance with the Privacy Notice which is available on our website and in branch.