



1-2 Fox & Geese, Naas Road, Dublin 22. Phone: 0818 24 7 365 or 01-4273900 Fax: 01-6856718

Email: enquiries@straphaelscu.ie Web: www.straphaelscu.ie

GARDA PENSION DEDUCTION FORM

To: ACCOUNTANT OF DEPARTMENT OF JUSTICE

I hereby authorise you to have my contributions to the above named organisation deducted each month 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. 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:
Member Name.	Garda Registered Number.
Mobile Phone Number:	Pension Number:
Retirement Date:	Email Address:
D D M M Y Y Y	Υ
Total Deduction: €	
Account Split:	
Loan: €	Budget: €
Shares: €	Current: €
Other Account Splits:	
Account Number:	Amount:
	€ .
	€
	€
	€ .
Please tick the box if you are clearing all loans v	with gratuity payment
Note: New deductions may take up to two mo	onths to start, therefore payments to loan and budget accounts will

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

St. Raphael's Garda Credit Union Ltd is regulated by the Central Bank of Ireland

Date:

need to be continued while awaiting this new monthly payment to be set up.

Member Signature: