

# PENSION DEDUCTION MANDATE

**To: Accountant, Dept. of Education & Skills**

I hereby authorise the Pension Payroll Division of the Department of Education and Skills, to make a deduction directly from my pension in respect of Comhar Linn INTO Credit Union Ltd. and to pay this amount to Comhar Linn INTO Credit Union Ltd. on my behalf. I understand and agree that:

- The deduction at source facility is being made available solely as a matter of convenience to me.
- Beyond paying the sums deducted to Comhar Linn INTO Credit Union Ltd., the Dept. of Education and Skills accepts no responsibility of any kind in the matter.
- The deduction is to commence as soon as possible and to continue until and unless I serve further written notice to Comhar Linn INTO Credit Union Ltd.
- Comhar Linn INTO Credit Union Ltd. has the right to alter the amount of this deduction in line with agreed amendments in the rate of subscription.
- Any arrangements for refund of deductions or collection of arrears are to be made directly with Comhar Linn INTO Credit Union Ltd. and that the Dept. of Education and Skills will not be responsible for such matters.
- It is my own responsibility to ensure the correct deduction is made from salary and to notify Comhar Linn INTO Credit Union Ltd. if I wish to amend or cancel the deduction from my salary.
- There may be a delay in commencing, amending or ceasing my deduction due to payroll scheduling and the fact that amendments to mandates are submitted to the Dept. of Education and Skills on a monthly basis
- I will correspond directly with Comhar Linn INTO Credit Union Ltd. in relation to the deduction from my salary or the product that I am availing of.
- It is a matter for the deduction agency to advise me of the withdrawal of the DAS facility and to contact me to make alternative arrangements for the collection of any monies due. I understand that the Department shall have no responsibility of any kind where policies of any nature lapse due to the withdrawal of a DAS facility.

This mandate must be returned to the **OFFICE** and **NOT** to the Dept. of Education & Skills

Credit Union Account Number: 

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Surname ..... First Name .....  
(as on pension payment advice) BLOCK CAPITALS ONLY

Home Address: .....  
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Position Held: Retired Teacher

## PENSION PAYROLL NUMBER

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### DEDUCTION DETAILS:

Share Account .....  
Current Account .....  
Loan Account 1 .....  
Loan Account 2 .....

	€	cent		€	cent
Budget Account .....			Budget Account .....		
Members' Draw .....			Members' Draw .....		
Family Account .....			Family Account .....		
<b>TOTAL Fortnightly Deduction:</b>					

Deductions to Commence From: / /20

Signed: ..... Date: / /20