



EastCoastbuses Lothiancountry ETE

EDINBURGH BUS TOURS LOTHIAN MOTORCOACHES

## Deduction Cancellation Request

I hereby authorise the Payroll Department to cancel my weekly/monthly deduction of £..... Personal Assurance.

Full Name : .....

Employee Number : .....

Depot/area : .....

Job Title: : .....

Effective Date : .....

Signed .....

Dated .....

**PLEASE COMPLETE, SIGN AND RETURN TO THE PAYROLL DEPARTMENT**