



EastCoastbuses Lothiancountry 

EDINBURGH BUS TOURS LOTHIAN MOTORCOACHES

Deduction Cancellation Request

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

Full Name :

Employee Number :

Depot/area :

Job Title: :

Effective Date :

Signed

Dated

PLEASE COMPLETE, SIGN AND RETURN TO THE PAYROLL DEPARTMENT