



EastCoastbuses Lothiancountry 

EDINBURGH BUS TOURS LOTHIAN MOTORCOACHES

Holiday Fund
Withdrawal/Amendment or cancellation

Full Name :

Employee Number :

Depot/area :

Job Title :

Pay Date Required :

Amount Required (£) :

**I wish to cancel weekly/monthly deductions.*

**I wish to amend my weekly/monthly deduction to £..... per week/month.*

*(*Delete as appropriate)*

Signed.....

Dated.....

PLEASE COMPLETE, SIGN AND RETURN TO THE PAYROLL DEPT
ALLOWING AT LEAST SEVEN DAYS NOTICE