

Payroll Giving

To: The Payroll De	epartment		
		2021, please deduct from my salary , and lodge it to ChildVisions accoun	
I recognise that the terminated at any ti	•	e solely as a measure of convenience to r	me, may be
Staff number:			
Name:			
Company:			
Department:			
Signature:			
Date:			

This form should be returned to your payroll department. If you require any information on either ChildVision or the above mentioned wage deduction scheme, don't hesitate to contact ChildVision by ringing **Ruth on 01 837 3635**, email to **RuthAllen@ChildVision.ie**

Bank Account Details

Account Name: ChildVision Fundraising Account

Bank: Allied Irish Bank

Branch: O'Connell Street, Clonmel, Co. Tipperary

Sort Code: 93-53-79 Account Number: 18737494 BIC/Swift: AIBKIE2D

IBAN: IE41 AIBK 935379 18737494

