



Sheffield
Credit Union



Savings and Loans across South Yorkshire

Sheffield Credit Union Limited
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Housing Provider's Payment Instruction Form

Form to be completed for each Tenant for every start and change in payment*

Housing Provider's Name: _____
Tenant's Name: _____ Member No (if known): _____
Tenant Address: _____
Date of form: _____ Date instruction to start: _____

Please indicate what payment you require from your Tenant (please note if income is received fortnightly/four weekly, payments cannot be paid monthly – monthly payments can only be made if income is received monthly)	
Rent:	amount £_____ (4 weekly/monthly)
Rent Arrears:	amount £_____ (4 weekly/monthly)
Service Charge/other:	amount £_____ (4 weekly/monthly)
The total of these amounts will be paid as one sum. Reference: _____	

CHANGES TO REQUIRED PAYMENTS CONFIRMATION

The above payment represents a new arrangement set up

The above payment represents an amendment to the existing arrangement effective from the above date

The existing payments need to cease with effect from the above date (if no payment due, please set above amounts to zero)

Sheffield Credit Union requires all changes to be notified on a Payment Instruction Form and cannot accept responsibility for paying an incorrect amount where a Payment Instruction Form has not been received. Please return completed forms to Sheffield Credit Union, giving at least 10 days notice of the change required.

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Please Note: We recommend that all forms are submitted either in person at one of our offices or by post.

Please be aware that should you choose to send any personal or sensitive information to us by email this will be at your own risk and we cannot accept any responsibility for a third party acquiring this via unlawful actions outside of the organisations control.

You can subscribe or unsubscribe from receiving marketing information and change your marketing preferences at any time. We will only send information on our products and services and your details will not be passed to third parties. Please use the details in the header to contact us about your marketing preferences.

SIGNATURE: _____ **DATE:** _____

*all increases in payments will be confirmed with the member before being actioned.

For Office Use Only:

Task:	Completed by:	Date:
Update managed credits		
Update MDCM		
Apply charge (if applicable)		

Change Number: _____ Chargeable/Not Chargeable (please circle)