

# Application to pay AVCs

Please complete in BLOCK CAPITALS

## Section A: Personal details

Name:

Address:

Tel:  Date of birth:  /  /  PPS number:

Firm name:

Firm address:

Salary/wages: €  a week/month\* (\*delete as appropriate)

## Section B: AVC details

I would like to pay AVCs of: €  a week/month\* (\*delete as appropriate)

From:  /  /  (insert date)

I would like to pay:

- by deduction from my salary
  - direct to the Scheme
  - by standing order - please also complete the standing order form
- or
- by cheque

## Section C: Authority

I authorise my employer to deduct the AVCs shown above from my wages until further notice - unless I have chosen above to pay by cheque, direct to the Scheme or by standing order.

Signed:  Date:  /  /

Please return the completed form to CWPS - AVCs, Canal House, Canal Road, Dublin 6

