

Awdurdod i Adran Cyflogai i ddechrau / adolygu / dileu didyniadau  
 misol. Authorisation to Payroll Department  
 to start / revise / cancel monthly payment deductions.

Sefydliad / Organisation:										
Enw / Name:										
Adran / Department										
Rhif Cyflog / Payroll No.:										
Rhif Yswiriant Gwladol / National Ins No.: - -							-			-
Cyfeiriad / Home Address:										
Cód Post / Post Code:										
Cyfeiriad ebost / Email Address										
Rhif Ffôn / Home Tel No.:										
Undeb credyd ( os yw'n hysbys) / Credit Union (if known)										
<p style="text-align: center;">Yr wyf, drwy hyn, yn caniatáu i'r Cyfarwyddwr Cyllid ddidynnu'r swm o</p> <p style="text-align: center;">£.....</p> <p style="text-align: center;">bob wythnos/mis, i'w dalu'n syth i The Co-operative Bank, Central Commercial Branch i</p> <p style="text-align: center;">gredyd:</p> <p style="text-align: center;">I hereby authorise the Director of Finance to deduct the weekly/monthly sum of</p> <p style="text-align: center;">£.....</p> <p style="text-align: center;">And pay direct to The Co-operative Bank, Central Commercial Branch for the credit of:</p>										
<p>Undeb Credyd Cambrian</p> <p>Rhif cyfrif: 67005527/ Rhif banc: 08-92-50</p> <p>Cambrian Credit Union</p> <p>A/c No. 67005527 / Bank Sort Code: 08-92-50</p>										
Llofnod Aelod / Signature:										
Dyddiad / Date:										
Ar gyfer y swyddfa / For official use only										
Rhif aelodaeth Membership number										
Gwiriwyd gan Verified by										
Dyddiad: Date:										