

Direct Earnings Attachment Payments Schedule

To: LANCASTER CITY COUNCIL

From: Employer

Revenues Services
PO Box 4, Town Hall,
Lancaster LA1 1QR

Item	Amount	Employees Surname followed by Forename	Staff / Reference Number	Invoice Number	Reason for nil deduction If applicable
1	£			DEAT	
2	£			DEAT	
3	£			DEAT	
4	£			DEAT	
5	£			DEAT	
6	£			DEAT	
7	£			DEAT	
8	£			DEAT	
9	£			DEAT	

To be completed by Employer

£ (This sheet total) Bacs/ Cheque No

 Name /Company Paid by BACS (Tick)

 Contact details /Telephone Number Date:

For Lancaster City Council use only

Completed by

Date

Checked