

SHETLAND ISLANDS COUNCIL - COUNCIL TAX
SALARY / WAGE / PENSION DEDUCTION MANDATE

SHETLAND ISLANDS COUNCIL

Finance

Charlotte House
Commercial Road
Lerwick
Shetland
ZE1 0LX



Tel: (01595) - 744683

Employee's Full Name (in block capitals) _____

Address (if different from above) _____

Council Department
in which employed

Employee
Number

Council Tax
Account No.

Paid (Frequency)
(Please Tick Box)

Monthly

Fortnightly

**I hereby authorise the Head of Finance Services, Shetland Islands Council to deduct
Monthly / Fortnightly charges in respect of Council Tax from my Salary / Wages /
Pension payable to me by the Council**

Signature _____

Date _____

Contact Name _____ Telephone/Extension Number _____

Finance Use

Date Entered _____ Initials _____