



**Ayala Coop**

8th Floor 111 Paseo de Roxas Bldg.  
corner Legaspi St., Legaspi Village  
Makati City  
Tel. No.: 751-7991 to 94 (9:00am to 3:00pm)  
Fax No.: 751-8004

**SALARY DEDUCTION AUTHORITY**

**PERSONAL INFORMATION**

<b>Name</b>	Surname	First Name	Middle name
<b>Employer</b>	<b>Employee ID no.</b>		
<b>Tel no.</b>	<b>Cell no.</b>		
<b>Email Address</b>	<b>Office Phone.</b>		

**INSTRUCTION**

I hereby authorize My employer / Ayala coop to

- Increase my semi monthly Share Capital Contribution From \_\_\_\_\_ To \_\_\_\_\_ per payday
- Decrease my semi monthly Share Capital Contribution From \_\_\_\_\_ To \_\_\_\_\_ per payday
- Re - Activate my Share Capital Contribution Amounting to \_\_\_\_\_ per payday
- Deduct every Quarter Bonus \_\_\_\_\_

\_\_\_\_\_

**Effectivity Date**                      **Signature over printed name**                      **Date**