



Ayala Coop

8th Floor 111 Paseo de Roxas Bldg.
corner Legaspi St., Legaspi Village
Makati City
Tel. No.: 751-7991-92; 519-2939
Fax No.: 751-8004

SALARY DEDUCTION AUTHORITY

| PERSONAL INFORMATION | | | |
|--|--|------------------------|-------------|
| Name | Surname | First Name | Middle name |
| Name | _____ | _____ | _____ |
| Employer | _____ | Employee ID no. | _____ |
| Tel no. | _____ | Cell no. | _____ |
| Email Address | _____ | Office Phone. | _____ |
| INSTRUCTION | | | |
| I hereby authorize my employer / Ayala Coop to : | | | |
| <input type="checkbox"/> | Increase my semi-monthly share capital contribution FROM _____ TO _____ per payday | | |
| <input type="checkbox"/> | Decrease my semi-monthly share capital contribution FROM _____ TO _____ per payday | | |
| _____ | | _____ | |
| Signature over Printed Name | | Date | |



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