

Corner Boni Serrano and 18th Avenues Murphy, Cubao, Quezon City 1100 Contact Office: Collection and Accounts Management Directorate (CAMD) Tel. 911-3030 Local 704-716 Fax 911-4654

IMPORTANT REMINDERS:

- 1. This form must be accomplished in DUPLICATE.
- 2. Fill out completely and legibly.
- 3. Avoid erasure.
- 4. Branch Head shall ensure the submission of one copy of this form to Collection and Accounts Management Directorate (CAMD) five (5) days prior to the billing cut-off date.

Date:													
	I/We	hereby	authorize	deduction	from my	monthly	salary/pension/co	ommutation					sum of
in payme	ent of r	nv AMWS	I AT loan ol	bligation for a	period of	n	nonths/terms effe	ctive	_ (-			and ur	ntil my/our
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WITHOU		HER NOTI											
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collect/pr	rocess, s	share, trar	nsfer or disc	close my Persor	nal Informat	ion/Data to the	ne Finance Center	s pertaining	to my me	embership	and loa	n obliga	ations with
the Asso	ciation.	I agree	to hold AM	IWSLAI and its	s Service Pa	artners free	and harmless fro	m any liabil	lity arisir	g from c	r in cor	nection	n with the
authoriza	ation her	ein given.						•	•	-			
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Co	ommand	ing Office	r / Chief of	Office / Admin	Officer of B	orrower		Commanding Officer / Disbursing Officer					
							_						
			Telephon	e Number/s			-	Т	elephone	Number/	's		



MWSLA

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AUTHORIZATION FOR SALARY / PENSION DEDUCTION

Date: _															
	I/We	hereby	authorize	deduction	from	my	monthly	salary/pension/commutation	of	leave (₱			the	sum)	of in
paymen	t of my A	MWSLAI	loan obligation	on for a perio	od of		months/	terms effective			, and	d until	my/our	r obligat	tion
has bee	n fully pa	aid. IF NC	T DEDUCTE	D AS SCHED	ULED, I,	/WE H	EREBY PRO	MISE TO DIRECTLY PAY TO A	IA YN	MWSLAI	OFFICE	THE A	4MOUN	NT DUE	ON
SAID LO	AN INCL	UDING SI	JRCHARGE, I	IF ANY.											
	The a	uthorizatio	n is an inte	egral part of	the re	presen	tations ma	de by the undersigned borro	wer a	nd co-m	akers 1	for the	appro	oval of	the
abovesa	id loan	deduction	and shall	not be rev	oked/m	odified	until the	obligation of							
				_ (₱) plus	interes	t and s	surchai	rge, if	any, s	hall
have be	en paid i	n full. I/W	/E ALSO AGF					KERS WILL BE EFFECTED IN							
WITHOU	JT FURTI	HER NOTI	CE.												
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Further, in compliance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations, I hereby authorize AMWSLAI to collect/process, share, transfer or disclose my Personal Information/Data to the Finance Centers pertaining to my membership and loan obligations with the Association. I agree to hold AMWSLAI and its Service Partners free and harmless from any liability arising from or in connection with the authorization herein given.

PRINCIPAL	BORROWER	CO-MA	KER 1	CO-MA	KER 2	CO-MAKER 3		
6: 1	D: 1 IN	G: .	D: IN	6: 1	D. L. IN	6: 1	D. I. IN	
Signature over	Printed Name							
Rank:		Rank:		Rank:		Rank:		
Serial/Badge No:		Serial/Badge No:		Serial/Badge No:		Serial/Badge No:		
Branch of Service:		Branch of Service:		Branch of Service:		Branch of Service:		

AUTHENTICATION OF SIGNATURES	FOR FINANCE SERVICE UNIT USE ONLY
This is to certify that the application for loan and promissory note of the above individuals has been signed in my presence and the signatures appearing thereof are their own.	Noted
Commanding Officer / Chief of Office / Admin Officer of Borrower	Commanding Officer / Disbursing Officer
Telephone Number/s	Telephone Number/s