



AMWSLAI

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.

AUTHORIZATION FOR SALARY / PENSION DEDUCTION

Date: _____

I/We hereby authorize deduction from my monthly salary/pension/commutation of leave and pay the sum of _____ (P_____) in payment of my AMWSLAI loan obligation for a period of _____ months/terms effective _____, and until my/our obligation has been fully paid. IF NOT DEDUCTED AS SCHEDULED, I/WE HEREBY PROMISE TO DIRECTLY PAY TO ANY AMWSLAI OFFICE THE AMOUNT DUE ON SAID LOAN INCLUDING SURCHARGE, IF ANY.

The authorization is an integral part of the representations made by the undersigned borrower and co-makers for the approval of the abovesaid loan deduction and shall not be revoked/modified until the obligation of _____ (P_____) plus interest and surcharge, if any, shall have been paid in full. I/WE ALSO AGREE THAT DEDUCTIONS FROM CO-MAKERS WILL BE EFFECTED IN THE EVENT OF DEFAULT BY THE PRINCIPAL, WITHOUT FURTHER NOTICE.

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-MAKER 1		CO-MAKER 2		CO-MAKER 3	
Signature over Printed Name		Signature over Printed Name		Signature over Printed Name		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

This form is not for sale.



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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:	

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