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VAF-HRM

**AUTHORITY TO DEDUCT / REQUEST FOR STOP
PAYMENT**

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Name: _____

Date: _____

Position: _____

Office / College: _____

AUTHORITY TO DEDUCT

I hereby authorized the HRM Office to DEDUCT from my salary starting _____
on a monthly installment the amount of _____
(Php _____) for _____ months, representing amortization on
_____ loan granted to the undersigned.

REQUEST FOR STOP PAYMENT

Please STOP deducting from my salary the monthly amortization of my _____
Loan effective _____ due to _____.

Signature

Transaction ID	_____
Signature	_____