TO: Date:

FROM: Employee’s Name Employee No.

Dept. /Division: Company: Weserv PH

Date of Request: New Member: ( X)

If old member: Old Member: ( )

Previous Deduction: PHP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WESERV SAVINGS ACCOUNT PLAN**

**SALARY DEDUCTION AUTHORIZATION SLIP**

This is to authorize my employer to deduct the amount of Pesos One Thousand Pesos

(P 1,000) from my salary every payday as my regular savings deposit under WESERV Savings Account Plan. This deduction shall start on \_\_\_\_\_\_\_\_\_\_ and shall continue unless revised or stopped through a written notice by the undersigned applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature

Processed by: Endorsed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Specialist C&B Manager Head of HR

(Sign over printed name) (Sign over printed name) (Sign over printed name)

\*Please Print in Half page only

\* Please print in half page only