TO:Human Resources Department Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: Employee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No.\_\_\_\_\_\_\_\_\_\_

Dept. /Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ New Member: ( )

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

(P \_\_\_\_\_\_\_\_\_\_\_\_\_) from my salary every payday as my regular savings deposit under WESERV Savings Account Plan. This deduction shall start on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15, 20\_\_\_ and shall continue unless revised or stopped through a written notice by the undersigned applicant.

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

Employee’s Signature

Processed by: Approved by:

**\_KAREN JOY R. ALENTAJAN\_ \_MA. CRISTINA J. CALALANG\_ \_ARISTEO A. CATALUÑA\_**

Payroll Specialist C&B Manager HR Head

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

\*Please Print in Half page only

\*Changes are allowed every 15th payroll only. Please submit to Payroll on or before 6th of the month