

## AUTHORIZATION LETTER

Date: 10/10/2024


Nowcom Global Services, LLC.  
HR/Admin Department

Dear Payroll Officer,

This is to authorize **Nowcom Global Services, LLC.** to deduct from salary the amount of  
One thousand three hundred twenty four (₱ 1,324).  
**AMOUNT IN WORDS**

Representing payment for the additional enrollment on Medicard HMO premium of my 1  
dependents effective 10/10/2024 to March 31, 2025.  
**DATE OF ENROLLMENT**

Sincerely yours,

  
Michael A. Malon  
**EMPLOYEE NAME AND SIGNATURE**