	INFOR PSSC SALARY LC	AN PROGRAM
	Authority to De	duct
		Application No.
Applicant:	Employee ID No.	
<b>Sera</b> rd Dangca	Length of Service:	
Amount of Loan	P	
Term (please check box)		
	6 months	
	12 months	
	18 months	
	24 months	
	36 months	
I hereby authorize INEO	R DSSC (herein referred to as "Company")	to deduct semi-monthly from my salary the amount o
		United Bank (AUB). In the event my employment with
		neck directly to AUB or to the extent of total obligation
	e liable for any shortfall if final pay is not suff	
,,		
		Signature of Applicant
Manager Endorsement:		
	Signature above printed name	
Received by Finance:		