



METROPOLITAN
SACCO LIMITED
forward together

LOAN DEDUCTION ADVICE

Tel: 0785 278 786
Email: sacco@metro-hospital.com

Name: Postal Box: Postal code:

Mobile No: E-mail:

To:

The Human Resource Manager
Metropolitan Hospital Nairobi.
Dear sir/madam,

Re: AUTHORIZATION FOR PAYROLL DEDUCTION

I hereby authorize you to make the deduction detailed hereunder from my salary and remit the amount to:

PAYEE DETAILS

Payee name: **Metropolitan Sacco Limited ,KCB Bank**

Account name: **Metropolitan Cooperative sacco limited** Account number: **1227375190**

DEDUCTION DETAILS

Total amount Monthly deduction

Loan type Start date End date

I understand and agree that:

1. I cannot terminate, cancel or revoke these instructions without prior knowledge and written approval of the payee.
2. You have the right to confirm such instructions with the payee and to access my records for purpose of confirmation.
3. Your acceptance and compliance is a privilege, which can be withdrawn at any time without explanation.
4. You have the right to decline to implement these instructions at your sole discretion now or in future.
5. You have the right to recover any monies due to you first before making and remitting 3rd party deductions.
6. Remittance shall be subject to my terms of employment and prevailing employment/sacco laws.
7. You are not liable for any loss, damages or penalty that I may suffer in the event of your failure or delay in compliance with these instructions.
8. In event of my leaving employment, my net terminal dues, if any, may be remitted to the payee up to a maximum of the outstanding balance.

Signed Date:

Witnessed by Signature Date:

FOR OFFICIAL USE ONLY

Sacco treasurer

Name: Signature Date

Human Resource manager

Name: Signature Date