

## **DEDUCTION AUTHORIZATION FORM**

Ш	For	Deductio	)
W	For	TEIS/AF	2

IAME	EMPLOYEE ID NO.	DEPARTMENT	DATE	DAF NO.		
ARMEL CRUPE		PID	02/27/24	0247		
I hereby authorize the company indicated below:	(State your FULL Co		to deduct the following for	the purposes		
	DEDUC	TION DETAILS				
1 Set - TL-0068 EIECT 1 PC - TL-0830 EXTER	bic drill will	Hammer (unli) El type-50 men	FRI			
OUNT IN WORDS			AMOUNT IN FIGURE			
	PAYME	ENT DETAILS				
HARGED TO Salary	Commission	ons Others_				
Terms of payment: Full Installm No. of m Schedule of deduction: Monthly Bi-Month	ents nonths:	FOR DEDUCTIONS CHARGED TO COMMISSIONS, FILL THE DETAILS START OF DEDUCTION BELOW  Terms of payment: Full Installments  Minimum amount to be deducted:				
balance, I acknowledge and consent that the lawful means available to them.	SIGNATURE		DATE 02/27/24			
ANIEL WATE						
Please return this signed authorization form to contact the HR Department or your supervisor Note: This authorization form remains valid un				ation, please		
OTED BY	RECEIVED B	IV.	DATE RECEIVE	D		
HR MANAGER		HR ASSISTANT				
MARKS .						
KNOWLEDGED BY		ACKNOWLEDGED BY				
PAYROLL PERSONNEL			ACCOUNTING PERSONNEL			