LETTER OF AUTHORIZATION				
oan Application No		Date	Date	
TO: FINANCE/DISBURSING OFFICE I hereby authorize the AFI branch/subdivision or instrumenta deduct and/or withhold from my sa the amount of	ce/Disbursing/Treasurer's Of y other office to which I may	fice/Finance Co be detailed, ass ion beginning _ as follows:	enter/Service or any igned or appointed to	
for the payment of my instalments BENEFIT ASSOCIATION, INC. (AFPN electronic payroll system. I have the obligation to ensure and as they become due. If, for wh my monthly obligation, I shall pay on the case of dismissal, resignation cause, I, as the borrower, shall pay charges to AFPMBAI from any and hereby expressly waive all my right for the contract of loan execution system), 10173 (Data Privacy I fully understand that the loan assume all the obligation that may a privy to the contract of loan execution system), 10173 (Data Privacy This authority shall be in force AFPMBAI immediately of any changes as part of our Contract To Sell or Mother and the contract To Sell or M	that the deductions are mad atever reason, no deduction ver-the-counter the instalmen, separation, voluntary or contract the outstanding remaining all pay, retirement benefit, and to any and all statutory obligation is a contract between the ed with the AFPMBAI but is mader to any and the area of the process and remain irrevocable until the in my station or office and I ortgage Contract.	e from my salary/pension and has yet been effected, or the ants/amortizations as they fall compulsory retirement or term balance, including interests, of any other benefit due me or rof the Rules of Court, Republent Benefits of Employees of provisions relating to the confident the AFPMBAI and the unstand that the Finance Service merely authorized pursuant to my loan is fully paid. In this of further agree to incorporate to	promptly remit amount thereof due. ination from the costs, fines, fees my legal heirs fo lic Act Nos. 13: Private Firms), fidentiality of inf dersigned borro /Disbursing Offi GAA to deduct I	ted to AFPMBAI when is insufficient to cover e service for whatever penalties, and other or my untimely death. (Pay Status of AFP), 9510 (Credit Informformation.) Where and thus, hereby ce/Finance Center not oan obligation/s from a obliged to notify the terms and/or conditions
	-	ame/First Name/Middle Name nature above printed name)	SN	Br of Svc
	Unit Assignment		Landline/Mobile Nos.	
With my consent:	Email Address		TIN	
Spouse SUBSCRIBED AND SWORN	PhilSys No. (PSN) / Gov. ID to before me, this at		, Philipp	oines.
with the information that the dedu	1st End o Head, Finance Division of Art ction authorized in the basic o and that the month r the date of this endorseme	ly deduction of ₱	ked and certified	d from the take home ayroll will be made by