



KING MULTIPURPOSE COOPERATIVE

King MPC Bldg., 4 Palma Gil St., Davao City
Tel. nos. (082) 227-1127, 226- 4636; Telefax 221-0462, 227-1128

AUTHORITY TO DEDUCT

Date: _____

Branch/Department: _____

TO: PAYROLL IN-CHARGE

Please deduct from my:

- | | |
|-------------------------------|---------------------------|
| A. Salary | 3. Cash Gift |
| B. Longevity Pay | 4. Bonus |
| C. 13 TH Month Pay | 5. Others, please specify |
| D. Leave Credits | _____ |
| E. Other Benefits | |
| 1. Maternity Benefit | |
| 2. Sickness Benefit | |

In payment of my account (please specify) _____

In the amount of P _____, with the following scheme:

- a. Outright
- b. Installment

P _____ quincena / month, which will start on _____ until _____.

Cooperatively yours,

Noted by:

Dept. Head /Branch Manager

Received by:

Payroll In-charge

"Making Lives Better"