



Ayala Coop

8th Floor 111 Paseo de Roxas Bldg.
corner Legaspi St., Legaspi Village, Makati City
Website: www.ayalacoop.com
Fax No.: 751-8004

SALARY DEDUCTION AUTHORITY

PERSONAL INFORMATION

Name:	Surname	First Name	Middle name
Employer:	_____		Employee ID no: _____
Membership ID no:	_____		Mobile no: _____
Email Address:	_____		Office Phone no: _____

INSTRUCTION

I hereby authorize my employer / Ayala Coop to :

- Increase my semi-monthly share capital contribution **FROM** _____ **TO** _____ per payday
- Decrease my semi-monthly share capital contribution **FROM** _____ **TO** _____ per payday

I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to the data privacy practices of the Coop as reflected in the Coop's Data Privacy Policy at www.ayalacoop.com and I hereby express my full conformity thereto.

Signature over Printed Name

Date