



8th Floor 111 Paseo de Roxas Bldg.
corner Legaspi St., Legaspi Village
Makati City
Tel. No.: 751-7991-92; 519-2939
Fax No.: 751-8004

SALARY DEDUCTION AUTHORITY

PERSONAL INFORMATION

Name	Surname	First Name	Middle name
Employer	_____		Employee ID no. _____
Tel no.	_____		Cell no. _____
Email Address	_____		Office Phone. _____

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

Signature over Printed Name

Date

NOTE: Please send the accomplished form through email to customerservice@ampc.org.ph