



235 MacArthur Highway,  
Karuhatan, Valenzuela City 1441  
Telefax. (02) 293-0065  
**CDA Reg. 9520-16006119**

## **AUTHORITY TO DEDUCT FROM PAYROLL (COOP CARE FUND)**

I, \_\_\_\_\_, hereby authorize FGH MPC to deduct the following amount from my salary beginning on \_\_\_\_\_, 20\_\_ and until I inform the Coop to stop the deduction.

Php10     Php20     Php50     Others \_\_\_\_\_

I have made this request voluntarily and without hesitation due to my intention to help members in their financial needs during calamity.

**Regular Member:**

\_\_\_\_\_

*Signature over printed name / date*