

**ARMED FORCES AND POLICE SAVINGS & LOAN ASSOCIATION, INC***(Authorized by the Bangko Sentral ng Pilipinas)*

EDSA cor Col Bonny Serrano Road, Camp Aguinaldo, Quezon City

**AUTHORIZATION FOR PAYROLL DEDUCTION & REMITTANCE, ADJUSTMENT AND STOPPAGE - CAPITAL CONTRIBUTION (CC)****NOTE:**

1. Please present ID, passbook & latest payslip.
2. Deduction shall be effective within 2-3 months from the date of application.

Branch Office:	<b>TYPE OF REQUEST</b>	<b>AMOUNT</b>	
	<input type="checkbox"/> Automatic CC Deduction	Php	
Date of Application:	<input type="checkbox"/> Stop CC Deduction	Php	
	<input type="checkbox"/> Increase CC Deduction	From PHP	To Php
	<input type="checkbox"/> Reduce CC Deduction	From PHP	To Php

<b>RANK</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>EXTN NAME (JR,SR, etc.)</b>	<b>MIDDLE NAME</b>	<b>BRANCH OF SERVICE</b>	<b>PAY JURISDICTION</b>
<b>PAYSLIP ACCOUNT NO./ AFP SERIAL NO.</b>	<b>CONTACT NO.</b>		<b>UNIT ASSIGNMENT &amp; ADDRESS</b>			

I hereby authorize AFPSLAI through the Finance Center to effect the deduction/adjustment in my Salary/Pension corresponding to the amount I have written above. I am likewise agreeing to the AFPSLAI Privacy Notice pursuant to R.A. 10173 and hereby give my consent to the collection and processing of my personal data necessary for this transaction. Likewise, in case of excess in quarterly limit, CCA ceiling and dividend, I authorize AFPSLAI to automatically transfer the excess in my SDA-02 account.

\_\_\_\_\_  
Member's Signature Over Printed Name

**PLEASE DO NOT WRITE BELOW THIS LINE (For AFPSLAI use only)**

CIF No.	Verified and Processed by: _____ Date: _____	Encoded by: _____ Date: _____	Approved by: _____ Date: _____
CCA No.:			
SDA-02 No.:			

Revised Y2019

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