

AUTHORITY TO DEDUCT
(Additional Membership Savings)

I, _____ (*Name of Member*) _____ with Pag-IBIG MID No. _____ and whose signature appears below, hereby authorize my employer, _____ (*Employer/Business Name*) _____ to deduct from my monthly salary the amount of _____ (*Amount in Words*) (P_____) beginning, _____ (*Date*) _____ representing my additional membership savings (MS) for Pag-IBIG I which is over and above my mandatory MS, and to remit the same to Pag-IBIG Fund.

It is understood that this authority to deduct shall continue to be effective during employment with your company or until revoked in writing by the undersigned.

Signature over Printed Name

CONFORME:

Signature over Printed Name
and Designation of Authorized
Representative



(V01, 09/2015)

A handwritten signature or set of initials in blue ink, located in the bottom right corner of the page.