



AUTHORITY TO DEDUCT

DATE

The undersigned hereby authorizes Spectrum Solutions BPO to deduct from his/her pay the amount of Php _____ (_____ Thousand Pesos) for value received (HMO Dependent Premiums advanced by the company) beginning on the 5th/ 20th of _____, 2023 for a period of ____ months equivalent to _____ payments until _____.

Employee's Name
Borrower

Satellite Teams
Rhena Esplanada
Accounting Department
Lender

Signed in the Presence of

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2023 in Pasig City. The Borrower and Lender exhibiting to me their competent evidence of identity by way of his/ her _____ issued on _____ and _____ issued on _____ respectively.

Notary Public
Doc. No. _____
Page No. _____
Book No. _____
Series of 2023.