

AUTHORISATION FORM FOR CHANGE OF DEDUCTIONS

Name : _____

Nric No. : _____

Place of Employment: _____

Contact no.: _____

Email Address: _____

I hereby authorise AUPE MPC to make changes on my monthly deductions as stated below with effect from _____.

Subscription Savings from \$_____ to \$_____ (**capped @ \$10.00**)

Saving Deposits from \$_____ to \$_____

Signature of Member

Date

**** The total Co-op deduction must not exceed 30% of gross salary.**

FOR OFFICIAL USE ONLY

Effective from _____

Deductions to Cease

Deductions to Commence

Subsc Sav \$ _____

Subsc Sav \$ _____

Saving Deposit \$ _____

Saving Deposit \$ _____

Loan Principal \$ _____

Loan Principal \$ _____

Loan Interest \$ _____

Loan Interest \$ _____

Total \$ _____

Total \$ _____