



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

AUTHORITY TO DEDUCT

No. 318-320 Santolan Rd., cor 1st and 2nd West Crame, **MEP & BAB** Brgy. West Crame
San Juan City, Metro Manila (Kindly fill out all information & print legibly)

PSMBFI MEMBERS EQUITY PLAN (MEP)

Civilian Employee

TO: CO, FINANCE OFFICE

SIR/MADAME:

Please deduct an amount of _____ P _____ from my monthly payroll effective _____ and every month thereafter, representing my **PSMBFI Members Equity Plan** and remit the same to Public Safety Mutual Benefit Fund, Inc. as follows :

OPTION	AMOUNT	OPTION	AMOUNT	OPTION	AMOUNT
Option 50	50.00	Option 400	400.00	Option 800	800.00
Option 100	100.00	Option 500	500.00	Option 900	900.00
Option 200	200.00	Option 600	600.00	Option 1,000	1,000.00
Option 300	300.00	Option 700	700.00		

SIGNATURE: ✓ _____ UNIT ASSIGNMENT: _____

RANK & NAME: ✓ _____ ACCOUNT NO.: ✓ _____ DATE: _____

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to PSMBFI.
Any change or stoppage of payment shall be effected only upon written request from PSMBFI.

SIGNATURE OVER PRINTED NAME
DISBURSING OFFICER



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC

No. 318-320 Santolan Rd., cor 1st and 2nd West Crame,
Brgy. West Crame San Juan City, Metro Manila

TO: CO, FINANCE OFFICE

SIR/MADAME :

Please deduct an amount of _____ P _____ from my monthly payroll effective _____ and every month thereafter, representing **PSMBFI Burial Assistance Benefit Plan** and remit the same to Public Safety Mutual Benefit Fund, Inc. as follows :

OPTION	COVERAGE
32.00	42,000.00
16.00	21,000.00

SIGNATURE : ✓ _____ UNIT ASSIGNMENT : _____

NAME : ✓ _____ ACCOUNT NO. : ✓ _____ DATE : _____

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to PSMBFI.
Any change or stoppage of payment shall be effected only upon written request from PSMBFI.

SIGNATURE OVER PRINTED NAME
DISBURSING OFFICER