ALL NATION SECURITY & INVESTIGATION SERVICES, INC.

AUTHORITY TO DEDUCT

DATE	:			
TO	:	Acco	ounting Dept.	
FROM	:	Nam	na / Post	
r	This is			P. INVESTIGATION SERVICES INC to deduct from my sola
the amou	int of	PESOS	S:	(P) as payment for
(piease ci	neck L		01 /** '0	
	(()	Replacement of ID	
	(()	Excess SSS sickness benefit cl Others (pls. specify)	
Please sta	rt my	deduc	ction effective	payable in equal installment/s.
	v			Approved by:
				-41
Signatur	: Accounting Dept. This is to authorize ALL NATION SECURITY mount of PESOS: see check below) () Shoes/Uniform no. of s () Replacement of ID () Excess SSS sickness benefit c () Others (pls. specify) e start my deduction effective ALL NATION SECURITY at a counting Dept. ALL NATION SECURITY at a counting Dept. ALL NATION SECURITY at a counting Dept. A UTHORI See check below) () Shoes/Uniform no. of s () Replacement of ID () Excess SSS sickness benefit c () Others (pls. specify) e start my deduction effective at a ure of Employee ALL NATION SECURITY at a uniform no. of s () Replacement of ID () Excess SSS sickness benefit c () Others (pls. specify) e start my deduction effective at ure of Employee ALL NATION SECURITY at a uniform no. of s () Replacement of ID () Excess SSS sickness benefit c () Others (pls. specify) e start my deduction effective no. of s () Replacement of ID () Excess SSS sickness benefit c () Others (pls. specify) e start my deduction effective no. of s () Replacement of ID () Excess SSS sickness benefit c () Others (pls. specify) e start my deduction effective no. of s () Replacement of ID () Excess SSS sickness benefit c () Others (pls. specify) e start my deduction effective	Authorized Signature		
~~~~~~	~~~~~	~~~~~	ALL NATION SECURITY &	E INVESTIGATION SERVICES, INC.
			AUTHORI	TY TO DEDUCT
DATE	:			
TO	:	Acco	ounting Dept.	
FROM	:	-	, _	
the amou	int of	PESOS	S:	Y & INVESTIGATION SERVICES, INC. to deduct from my sala (₽) as payment for
	(	( )	Shoes/Uniform no. of s	et/s
	(	( )	Replacement of ID	aim
Please sta	rt my	deduc	ction effective	payable in equal installment/s.
				Approved by:
Signatur	e of E	mploy	<del>ee</del>	Authorized Signature
~~~~~				
				,
			AUTHORI	TY TO DEDUCT
DATE	:			
TO	:	Acco	ounting Dept.	
FROM	:	Nam	ne / Post	
				* & INVESTIGATION SERVICES, INC. to deduct from my sala:
(please cl	int of heck E	pelow)):	(#) as payment ic
	(()	Shoes/Uniform no. of s	et/s
	(()	Excess SSS sickness benefit cl	
	(()	Others (pls. specify)	
Please sta	rt my	deduc	ction effective	payable in equal installment/s.
				Approved by:
Signatur	e of E	mplov		Authorized Signature
_		_ •		ε