



DCCCO Multipurpose Cooperative

AUTHORITY TO WITHDRAW FROM ATM SAVINGS ACCOUNT

Date: _____

Sir/Madam:

I am authorizing DCCCO to withdraw from my ATM Savings Account with _____ the available balance and to apply payments to the following:

Loan: _____	P _____
Share Capital _____	_____
Savings Deposit: _____	_____
Others _____	_____
TOTAL	P _____

Any remaining balance shall be deposited to my DCCCO Savings Account (ATM/Regular).

In the event that the salary/wage credited to my ATM Savings Account is not sufficient to pay the loan amortization due, I further authorize DCCCO to withdraw my allowance/benefit/incentive/bonus and apply the same as payment to update my loan account/s.

This authority shall continue until my loan account/s shall have been fully paid.

Signature Over Printed Name

ID No. _____ Company: _____ Schedule: _____