



## AUTHORIZATION

I, \_\_\_\_\_, of the \_\_\_\_\_,  
(Name of Employee) (Office, Bureau, or Service) (Program)

Authorize the Department of Department of Social Welfare and Development Office to:

Note: Please tick [✓] the appropriate box:

- ☐ Not to deduct the premium/contribution as self employed individual
- ☐ To deduct the premium/contribution as self-employed to the following

AGENCY	ACCOUNT NUMBER	AMOUNT
1) Social Service System (SSS)		
2) Home Development Mutual Fund (HDMF)		

This authorization is issued in compliance to the signed Memorandum Agreement between Cost of Service (COS) Workers and Department of Social Welfare and Development Office III (DSWD FO III).

Issued this \_\_\_\_\_ at City of San Fernando, Pampanga

\_\_\_\_\_  
(Signature over printed name)  
Position