



BANK DEPOSIT AUTHORIZATION

Date: _____

This is to authorize the U.P. Provident Fund, Inc. to deposit to my bank account the following:

- | | |
|---|---|
| <input type="checkbox"/> Remaining equity | <input type="checkbox"/> Earnings / Final share |
| <input type="checkbox"/> Loan Overpayment | <input type="checkbox"/> Benefit claims |

Account Name: _____
 Bank and branch: _____ (preferably LBP, DBP, PNB, PVB)
 Account Number: _____

I fully understand that I am holding the Fund free from any liability and/or damages that may happen arising from this authorization.

Name: _____
 Signature: _____
 Contact No.: _____
 Email address: _____



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