

AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY

I hereby authorize you to deduct Kshs. monthly from my salary or any other financial benefits due to me and pay the Embu University Staff Welfare Association with effect from the month of 20 being my share savings with the society until further notice in writing, signed by me and the Society Chairman.

Signature: Date:

For official use only

Membership No.:

Secretary: Date:

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