

AFFIDAVIT OF UNDERTAKING/AUTHORIZATION

That I, _____ of legal age single/married, Filipino Citizen and with residence address at _____ after having been duly sworn to in accordance into law hereby depose and say :

1. That I have availed a loan with CNBSLAI with an aggregate amount of _____ (P _____) this ___ day of _____, 20___ with a monthly amortization of _____ (P _____) through payroll deduction.
2. That in case my monthly amortization is under stated to pay same, I promise to pay personally such deficit to CNBSLAI.
3. That in case of my legal separation from the PN, AFP service, I promise and willing to deduct the outstanding balance and corresponding fine from any benefits due to me.
4. That in case of my retirement from the military/government service, any amount from my Loan Balances to include penalties incurred from my loan obligation shall be deducted automatically from my accumulated leave balance or benefits I will received from the rationalization plan of the Government. Furthermore, I respectfully request PN/AFP Finance center through their government depository bank to deduct aforementioned amount from my leave credit/rationalization plan and to be credited to the account of CNBSLAI with the following details:

Bank	:	LBP, Cavite City Branch
Account Name	:	Cavite Naval Base Savings & Loan
Savings Account No.	:	0311-0810-98

5. That I hereby authorize Cavite Naval Base Savings and Loan Association, Inc., any of its Officers, Trustees and staff to deduct on my behalf, from my receivables (accumulated leave balance/rationalization plan) incident to my retirement and to pay the same, any obligations loans, payments to CNBSLAI; and to transact with, coordinate, follow-up and to sign on my behalf, before the LBP with respect to the aforementioned transactions.

In witness, whereof, my signature affix below to attest my Affidavit of Undertaking this ___ day of _____, 20 ___ at _____.

Affiant

Signed in the Presence of:

Witness

Witness

Republic of the Philippines,
Province of _____, S.S
City / Municipality of _____,

Subscribed and sworn to before me this _____ day of _____ at _____ affiant exhibiting to me his/her ID no. _____ issued on/at _____ valid until _____.

Notary Public

Doc No. _____
Page No. _____
Book No. _____
Series of: _____

AUTHORIZATION FOR PAYROLL/PENSION DEDUCTION AND REMITTANCE

(The APDR portion applicable to the co-maker(s) will be implemented when the borrower fails to pay.)

TO WHOM IT MAY CONCERN:

I/We hereby authorize deduction from my payroll/pension and remittance of the amount of _____ PESOS (P_____) every month beginning _____, 20__ for payment to my obligation with the CNBSLAI until same obligation has been fully paid. This authorization shall not be revised or rescinded without the conformity in writing of the CNBSLAI. If not deducted and/or remitted by my/our Finance Officer on time, I/we shall pay the delinquent accounts and/or penalty thereof. I/We also authorize the Finance Officer to accelerate my/our payments and to update my/our accounts anytime the obligation is still subsisting. Further, I shall inform CNBSLAI to any change in my pay jurisdiction.

IN CASE I/WE ARE SEPARATED FROM OUR EMPLOYMENT BEFORE THE MATURITY OF MY/OUR LOAN, I/WE SHALL PAY THE BALANCE, INTERESTS, FEES, AND COSTS TO CNBSLAI. I/WE AUTHORIZE MY/OUR FINANCE OFFICE TO DEDUCT FROM MY/OUR PENSION / ALLOWANCES / BENEFITS, AND I/WE WAIVE MY/OUR RIGHTS UNDER RA 2310 AND 239, NEW RULES OF COURT. IF MY/OUR RETIREMENT PAY COMES FROM THE GOVERNMENT OR PRIVATE OFFICE I/WE LIKEWISE AUTHORIZE THE PAYMASTER THEREOF TO DEDUCT AND REMIT THE ACCOUNTS OUTSTANDING WITH THE CNBSLAI.

CO-MAKER

Signature Over Printed Name
Rank,AFPSN,SVC, Payjur No.

BORROWER

Signature Over Printed Name
Rank,AFPSN,SVC, Payjur No.

CO-MAKER

Signature Over Printed Name
Rank,AFPSN,SVC, Payjur No.

I hereby certify that the borrower is a Bonafide member of this Unit / Office and that He / she is not due for separation in the near future, and that he / she has no pending case.

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to CNBSLAI. Any change or stoppage of payment shall be effected only upon written request from CNBSLAI.

Signature Over Printed Name
Commanding Officer/Chief of Office

Signature Over Printed Name
Agent/Disbursing Officer

AUTHORITY TO DISCLOSE

The undersigned hereby consent Cavite Naval Base Savings and Loan Association and its representatives to disclose and share my personal information to:

- a) Credit information or in investigation companies, credit bureaus (including but not limited to, the Credit Information Corporation (CIC) pursuant to Republic Act No. 9510 and its implementing rules and regulations), financial institutions, consumer reporting or reference agencies, credit protection providers or guarantee institutions, insurers, underwriters;
- b) any judicial, government, supervisory, regulatory or equivalent body of the Philippines: such person or entity as required by laws or regulations of the country.

The foregoing constitutes my consent under the applicable confidentiality and data privacy laws of the Philippines and other jurisdiction and agree to hold CNBSLAI and its representatives, free and harmless from any and all liabilities, claims, damages and suits of whatever kind and nature, that may arise in connection with the implementation and compliance with the authorization conferred by the undersigned hereunder.

Borrower's signature over printed name

Date Signed : _____