

DE LA SALLE UNIVERSITY – DASMARIÑAS  
DEVELOPMENT COOPERATIVE  
Dasmariñas, Cavite

DATE: \_\_\_\_\_

To the DLSU – D Development Cooperative:

This is to inform you that I intend to have a **subscribed / additional capital** in the amount of Php \_\_\_\_\_. For this, I authorize the cooperative to deduct from my salary the amount of Php \_\_\_\_\_, semi-monthly starting \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

Dept./Office: \_\_\_\_\_

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