

**MEAC STAFF WELFARE ASSOCIATION**

**AUTHORITY FORM FOR DEDUCTIONS/ADJUSTMENT/UPDATE**

**( Please delete where applicable)**

1. Name..... Membership No.....
2. Employer ..... Employment No .....
3. Address..... Tel No .....
4. Email..... Mobile .....

**I hereby authorize the following deductions/adjustments from my payslip/ record:**

1. To Start my Share Contribution at a rate of Ksh.....per month
2. To increase /decrease my loan deduction from Ksh.....to Ksh .....
3. To increase/decrease my monthly **Shares** Contribution from Ksh ..... to Ksh.....
4. To include/exclude my following dependant(s)

No	Name	ID/Birth Cert. No.	Sex	Age	Relationship

**NB:** *Attach copies of Birth Certificate /Identity card of all dependents and next of kin*

5. Details of Next of kin: Name.....ID No.....  
Relationship to member.....
  6. With effect from (Date).....
  7. Signed .....Date .....
  8. **APPROVAL** (For official use only)  
Approved/Not Approved by:  
If not approved, reason  
.....
- Chairman.....Secretary..... Treasurer.....

***NB: Please note that the shares you contribute are refundable to you upon resignation from the Welfare.***