

Date: \_\_\_\_\_

## Authorization

I hereby authorize **Ms. Myra S. Sevileno**, Cashier of FIRE SERVICES MUTUAL BENEFIT ASSOCIATION, INC. (FSMBAI), to do and perform the following acts and things, namely:

1. To act as my authorized representative in demanding, claiming, receiving relative to the CHECK issued by the FSMBAI, Quezon City.
2. To sign, execute or make the necessary documents or instruments that may be required in relation to the foregoing.
3. To Deposit my check to the bank account details below and pay the respective bank charges in the amount of **One hundred pesos only** (₱ 100.00)

Name of Bank: \_\_\_\_\_

Account Name: \_\_\_\_\_

Bank Savings Account No. \_\_\_\_\_

Branch \_\_\_\_\_; or

4. Mail my check to my home address specified below: (Shipping Fee shall be assumed by me)

Home Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent to FSMBAI the processing, sharing or transferring of personal information or data relating to my account/s pursuant to the mandate of National Data Privacy Act of 2012 (RA 10173).

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