



Group Resources Management Cooperative Multipurpose Society Limited

Plot 17, Adewale Kolawole Crescent by Marwa bus stop, Lekki Phase I.
e-mail: admin@grouppresourcesltd.com; phone: 08023127783;08034681025;08037086281

Date: _____

The General Manager,
Crest Technical Services Company Limited
E55/56, Ikota shopping complex, VGC, Lekki, Lagos.

Dear Sir,

SAVINGS AUTHORIZATION REQUEST:
STAFF MATRICULATION NUMBER _____

I, _____

Full Name (Surname First – IN BLOCK LETTERS)

hereby authorize the Management of **CREST** to deduct from my monthly payroll the sum
of =N= _____ (figures) _____

(Amount in words)

(Amount in words)

with effect from _____ 20 _____ and pass on the deductions made to the
(Month)

above-named Society as my regular monthly savings until otherwise notified in writing
through the society.

**NAME OF STAFF
AUTHORISING DEDUCTION**

NAME OF WITNESS

**SIGNATURE OF STAFF
AUTHORISING DEDUCTION**

SIGNATURE OF WITNESS

DATE

DATE