

24]7

24/7 CUSTOMER PHILIPPINES, INC.  
AUTHORITY TO DEDUCT FORM  
APE VOUCHERS via MEDICARD

Employee No: <b>P24705483</b>	Last Name <b>DELA CRUZ</b>	First Name <b>JUAN CARLOS</b>	Middle Initial <b>V</b>	Extension Name (Jr., III)
Job Grade <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		Department <b>INDICATE DEPARTMENT</b>		

☐ NO, I'm not availing of the APE vouchers via Medicaid.

☒ YES, I wish to avail the of the APE vouchers via Medicaid

Total no. of Vouchers availed: 1 Total Amount PhP: Php 370

I, the undersigned hereby authorizes 24/7 Customer Philippines, Inc. to deduct from my gross earnings the payment of the Annual Physical Exam voucher/s obtained from Medicaid. I fully understand that the said amount will be deducted into 2 equal payouts. Furthermore, since the validity of the APE voucher is only up to one year from the date of purchase, request for refund due to my failure to use the voucher within the validity date will be declined.