

From :-

Full Name :

Designation :

Address :

Date :

Emp No. Loan Folio.....

INDEX NO

STATE BANK OF INDIA STAFF CO-OPERATIVE CREDIT SOCIETY LTD.

SHILLONG - 793 001

MEGHALAYA

PH. : 0364 - 2228544 / 2224681

Dear Sir,

In terms of Section 51 of the Meghalaya Co-operative Societies Act 1951 I the undersigned
..... an employee of the State Bank
of India _____ Branch are hereby authorise you to recover by deduction from the
salary payable to me by the State Bank of India a sum of Rs. _____ (Rupees _____
_____ only) each month representing the monthly installment by which I
have undertaken to repay the loan taken by me from the State Bank of India a Staff Co-operative Credit Society
Ltd., Shillong in terms of the Bond executed by me on the _____

I hereby agree and declare that I shall not be entitled to withdraw or revoke the authority until the whole
of my debts to the State Bank of India Staff Co-operative Credit Society Ltd. is liquidated.

I hereby declare that objection if raised by me or in the event of my death any objection raised by my
nominee or legal heir(s) to pay out from Provident Fund, Gratuity, Pension Or any other dues to be paid by bank
the outstanding dues to the society for the loan taken by me will not be tenable and that the Bank will be within its
right to pay the Provident Fund, Gratuity, Pension etc. to me or my legal heir(s) as the case be after deducting
thereof the dues of the Society.

Witness :-
Unit Secretary / Members

Yours faithfully

Signature

Full Name _____

Designation _____

Branch / Deptt. _____

(Signature in full)

Borrower

**ATTEST BORROWER SIGNATURE
BY CHIEF / BRANCH MANAGER**

Branch
Department

For State Bank of India Staff Co-operative Credit Society Ltd.

Hon. Secretary