WITHDRAWAL SLIP

WSFOrm No. 01 | Revision: 01

ACCT. NO		NONESCOST MULTI-PURPOSE COOPERATIVE-Visayas	DATE	

NAME OF MEMBER-SAVER	

RECEIVED from **NONESCOST MULTI-PURPOSE COOPERATIVE-Visayas** the amount of: _____

_____ _ (P _____)

which amount is withdrawn from the above stated Account Number.

I/we hereby authorize M_____

whose signature appears below to withdraw the amount indicated from my/our account.

_____ Signature of Representative

_____ Signature of Depositor/s

Payment Received:	Signature Verified:	Posted By:	Approved:

TELLERS VALIDATION: