

WITHDRAWAL/DEPOSIT SLIP

Date _____

RECEIVED FROM

XAVIER UNIVERSITY COMMUNITY CREDIT COOPERATIVE

Amount in figures (P. _____)

Amount in Words

WITHDRAWN FROM THE ACCOUNT OF

NAME:

PASSBOOK #

WITHDRAWAL Thru Representative/s

I/We hereby authorize XUCCCO STAFF to withdraw from my:

___ Savings ___ Time ___ Others

The said amount will be deposited in my bank account.

Please refer below for the details:

Name of Bank: _____

Account Name: _____

Account Number: _____

I/We declare under the penalties of perjury that my/our co-depositor/s is /are still living.

Signature of Depositor

Verified by

Approved by

Paid by

MACHINE VALIDATION AT THE BACK