

ROBINSONS BANK Over-the-counter Bills Payment

ROBINSONSBANK		A/C. Summit Company	
PAYMENT SLIP		DATE: JUNE 1, 2018	
TELLER'S VALIDATION			
BILLER ACCOUNT NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BILLER ACCOUNT NAME		COL FINANCIAL GROUP, INC.	
SUBSCRIBER/POLICY ACCOUNT/CREDIT CARD NUMBER		PHONE/CELL NUMBER	
XXXX - XXXX * Write your COL Account No. here			
SUBSCRIBER/POLICY ACCOUNT NAME		* Write your COL Account Name here	
DELA CRUZ, JUAN			

Kindly make sure that your COL account number and COL account holder's name are correct for timely crediting and easier tracking.

Credit to COL Account
 within 24 hours
 excluding holidays & weekends

Bank Transaction Fee:
FREE