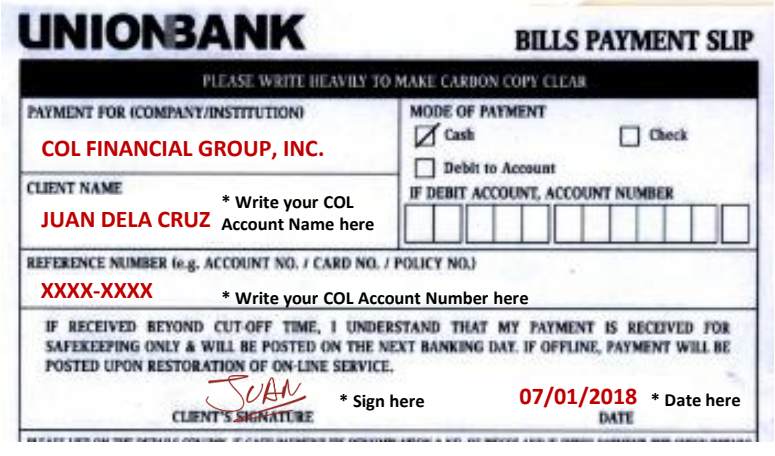
COL FINANCIAL
for a richer life

UNIONBANK Over-the-counter Bills Payment



UNIONBANK BILLS PAYMENT SLIP

PLEASE WRITE HEAVILY TO MAKE CARBON COPY CLEAR

PAYMENT FOR (COMPANY/INSTITUTION)
COL FINANCIAL GROUP, INC.

MODE OF PAYMENT
☑ Cash ☐ Check
☐ Debit to Account

CLIENT NAME
JUAN DELA CRUZ
* Write your COL Account Name here

IF DEBIT ACCOUNT, ACCOUNT NUMBER

REFERENCE NUMBER (e.g. ACCOUNT NO. / CARD NO. / POLICY NO.)
XXXX-XXXX
* Write your COL Account Number here

IF RECEIVED BEYOND CUT-OFF TIME, I UNDERSTAND THAT MY PAYMENT IS RECEIVED FOR SAFEKEEPING ONLY & WILL BE POSTED ON THE NEXT BANKING DAY. IF OFFLINE, PAYMENT WILL BE POSTED UPON RESTORATION OF ON-LINE SERVICE.

JUAN
CLIENT'S SIGNATURE
* Sign here

07/01/2018
DATE
* Date here

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	Bank Transaction Fee:
within 24 hours excluding holidays & weekends	P7.00

For any assistance email at helpdesk@colfinancial.com or message us at http://facebook.com/COLfinancial