



**BOTTLERS EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.**

7<sup>TH</sup> Floor, ACE Building, Dela Rosa corner Rada Street, Legaspi Village, Makati City  
Tel. Nos. 892-4146; 752-4546; 752-4547; 841-0579; Telefax 892-4146; CP# 0917-5863866  
email: bottlerssavingsloan@yahoo.com

**WITHDRAWAL SLIP**

MEMBER'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

PLANT \_\_\_\_\_

ID NO. \_\_\_\_\_

Withdrawal of :  Capital Contribution  Savings Deposit

Dividend

Amount in words: \_\_\_\_\_

**AUTHORITY TO WITHDRAW:**

I hereby authorized Mr/Mrs/Ms. \_\_\_\_\_  
whose signature appears below to withdraw the amount indicated herein from my  
account.

\_\_\_\_\_  
Signature over Printed Name  
(Representative)

\_\_\_\_\_  
Signature over Printed Name  
(Member)

P \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name of Member

\_\_\_\_\_  
**BPI-BANK ACCOUNT NUMBER**

Verified by: \_\_\_\_\_  
\_\_\_\_\_

Checked by: \_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_  
\_\_\_\_\_



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