

**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: info@besala.com.ph

**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
**BANK ACCOUNT NUMBER** BDO BPI

Verified by:

Checked by:

Approved by

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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