



CEBU CFI COMMUNITY COOPERATIVE

Esperanza Fiel Garcia Bldg. Capitol Compound, Capitol Site, Cebu City Philippines 6000

Tel. No. (032)255-25-25

Facebook Page : <https://www.facebook.com/CFICoopOfficialPage/>

Webpage: www.cficoop.com

PAYMENT THRU DEPOSIT WITHDRAWAL

Name : _____
(Last Name) (First Name) (Middle Initial) (Suffix)

Birthdate: _____ Mobile Number: _____

Amount to be withdrawn: _____

Account to be withdrawn: TIME DEPOSIT SAVINGS REGULAR

Type of Account for payment to be applied:

- | | | | | |
|---------------------------------------|---|---------------------------------------|--|--|
| <input type="checkbox"/> Salary Loan | <input type="checkbox"/> Bonus Loan | <input type="checkbox"/> Benefit Loan | <input type="checkbox"/> Health Insurance/MMAF | <input type="checkbox"/> Membership Dues |
| <input type="checkbox"/> Deposit Loan | <input type="checkbox"/> 13 th month | <input type="checkbox"/> Cash Gift | | |
| | <input type="checkbox"/> Mid-year | <input type="checkbox"/> Clothing | | |

Others (Please specify Type of Loan/Account): _____

The undersigned authorizes Cebu CFI Community Cooperative to withdraw from my Savings/Time deposit account the above-mentioned amount in order to be applied as payment for the above chosen/provided type of loan.

Signature of Depositor Over Printed Name