



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

WITHDRAWAL APPLICATION

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

Email Address/ Facebook ID: _____ Cell Phone No.: _____

Bank Name : _____ Bank Account Number: _____

TIME DEPOSIT SAVINGS REGULAR DIVIDENDS TASK

EXCESS OF ATM DEDUCTION OTHER PAYABLES

I would like to withdraw the amount of _____ from my TIME/SAVINGS DEPOSITS/ DIVIDENDS/ TASK or EXCESS OF ATM DEDUCTION / OTHER PAYABLES with the CFICOOP.

Signature of Depositor Over Printed Name