


Bank of the Philippine Islands (BPI) – over-the-counter bills payment

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|--|---|-----------------------------------|--|--|--|--|--|--|--|--|--|
|  | | DEPOSIT/PAYMENT SLIP | | | | | | | | | |
| BANK'S COPY | | | | | | | | | | | |
| PLEASE CHECK THE APPROPRIATE BOXES | | DATE 04/23/2012 | | | | | | | | | |
| <input type="checkbox"/> DEPOSIT | <input checked="" type="checkbox"/> PAYMENT | CURRENCY | | | | | | | | | |
| <input type="checkbox"/> SAVINGS | <input type="checkbox"/> CURRENT | <input type="checkbox"/> PESO | <input type="checkbox"/> US DOLLAR <input type="checkbox"/> OTHERS _____ | | | | | | | | |
| ACCT. NUMBER | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> | | | | | | | | | | |
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| ACCOUNT NAME / MERCHANT'S NAME | COL Financial Group, Inc. | | | | | | | | | | |
| (FOR PAYMENTS ONLY) POLICY / PLAN / REFERENCE NO. | **** - **** | * Write your COL Account No. here | | | | | | | | | |
| POLICY / PLANHOLDER'S NAME | Juan Dela Cruz | | * Write your COL Account Name here | | | | | | | | |
| <small>THIS DEPOSIT/PAYMENT IS SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT</small> | | | | | | | | | | | |

No need to fill out the bank account number as this will undergo a bills payment process.

Kindly make sure that the COL account number and COL account name is correct for timely crediting and easier tracking

Credit Schedule:

Funding will be credited to the respective COL account within **24 hours**.

(excluding public holidays and weekends)