



# PNB Over-the-counter Bills Payment

 <b>PNB</b> PAYMENT SLIP		DATE: <u>08/15/22</u> M M D D Y Y
THIS PAYMENT IS FOR: <input checked="" type="checkbox"/> PESO BILLING <input type="checkbox"/> DOLLAR BILLING		REF No. 0000000A
COMPANY NAME: <u>COL FINANCIAL GROUP, INC.</u>		
CARD NO. / SUBSCRIBER'S NO. / POLICY / PLAN / REFERENCE NO.:		<u>XXXX-XXXX</u>
PAYOR'S NAME: <u>JUAN DELA CRUZ</u>		
MODE OF PAYMENT (Please CHECK the appropriate mode of payment)		
<input checked="" type="checkbox"/> CASH (Please indicate breakdown at the back) <input type="checkbox"/> CHECK		
<input type="checkbox"/> DEBIT MY ACCOUNT NO.		
AMOUNT IN FIGURES : <u>1,000</u>		
AMOUNT IN WORDS : <u>One thousand pesos</u>		
<input checked="" type="checkbox"/> I/We consent to the collection and processing of personal data provided herein that will be used for facilitating bills payment transaction. All personal data will be processed in accordance with the Bank's Data Privacy Policy provided in the Bank's website (www.pnb.com.ph) and applicable data privacy laws, rules and regulations. <b>Click the appropriate sign time to time.</b>		
 CUSTOMER'S SIGNATURE		
Signature Verified by:		Approved by:

\* Date here

\* Write your COL Account Number here

\* Write your COL Account Name here

\* Sign here

Kindly make sure that your COL account number and COL account holder's name are correct for timely crediting and easier tracking.

**Credit to COL Account**  
within 24 hours  
excluding holidays & weekends

**Bank Transaction Fee:**  
P20.00