


Unionbank – over-the-counter bills payment

UNIONBANK		BILLS PAYMENT SLIP	
PLEASE WRITE HEAVILY TO MAKE CARBON COPY CLEAR			
PAYMENT FOR (COMPANY/INSTITUTION) COL FINANCIAL GROUP, INC.		MODE OF PAYMENT <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit to Account	
CLIENT NAME JUAN DELA CRUZ	* Write your COL Account Name here	IF DEBIT ACCOUNT, ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
REFERENCE NUMBER (e.g. ACCOUNT NO. / CARD NO. / POLICY NO.) XXXX-XXXX			
* Write your COL Account Number here			
IF RECEIVED BEYOND CUT-OFF TIME, I UNDERSTAND THAT MY PAYMENT IS RECEIVED FOR SAFEKEEPING ONLY & WILL BE POSTED ON THE NEXT BANKING DAY. IF OFFLINE, PAYMENT WILL BE POSTED UPON RESTORATION OF ON-LINE SERVICE.			
 CLIENT'S SIGNATURE		* Sign here	07/01/2018 DATE
		* Date here	
PLEASE LIST ON THE DETAILS COLUMN, IF CASH PAYMENT ITS DENOMINATION & NO. OF PIECES AND IF CHECK PAYMENT, THE CHECK DETAILS			
DETAILS			

Credit Schedule:

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

(excluding public holidays and weekends)

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

For any assistance call our hotline at +632 6 515 888 or email at helpdesk@colfinancial.com.