


Metrobank– over-the-counter bills payment

 Metrobank <small>METROPOLITAN BANK & TRUST COMPANY</small>		PAYMENT SLIP	
Payment For : (kindly fill-out separate slip for each mode of payment)			
<input type="checkbox"/> PESO BILLING	<input type="checkbox"/> DOLLAR BILLING	DATE 04/23/2012	
COMPANY NAME / LOAN TYPE / SERVICE FEE COL Financial Group, Inc.			
SUBSCRIBER / CARDHOLDER'S / ACCOUNT NAME Juan Dela Cruz		* Write your COL Account Name here	REFERENCE NO.
SUBSCRIBER NO. / CARD NO. / LOAN ACCOUNT NO. **** - ****		* Write your COL Account No. here	TELEPHONE NO. / OTHER DETAILS
Mode of Payment		Amount	
<input type="checkbox"/> CASH	In Words :	In figures :	
<input type="checkbox"/> CHECK			
<input type="checkbox"/> DEBIT MY ACCOUNT NO.			
		<small>SIGNATURE</small>	

Credit Schedule:

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

(excluding public holidays and weekends)

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