

Robinsons Bank– over-the-counter bills payment

ROBINSONSBANK		A/C Summit Company	
PAYMENT SLIP		DATE: JUNE 1, 2018	
TELLER'S VALIDATION			
BILLER ACCOUNT NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BILLER ACCOUNT NAME COL FINANCIAL GROUP, INC.			
SUBSCRIBER/POLICY ACCOUNT/CREDIT CARD NUMBER XXXX - XXXX		PHONE/CELL NUMBER	
* Write your COL Account No. here			
SUBSCRIBER/POLICY ACCOUNT NAME DELA CRUZ, JUAN			
* Write your COL Account Name here			
FORM OF PAYMENT		AMOUNT	

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.