



CITY HALL EMPLOYEES MULTIPURPOSE COOPERATIVE
City Hall Bldg, City of Cagayan de Oro

WITHDRAWALS SLIP

Date _____

Account Name: _____

Contact Nos. _____

Amount in words _____

In Figure (P _____)

Signature of Depositor

Verified by: _____ Approved by: _____

WITHDRAWALS THROUGH REPRESENTATIVE

I/we hereby authorized the person name and signature appear below, duly verified by me/us, to effect this withdrawal on my/our behalf

Signature of Representative over printed Name

I/we declare under the penalties of perjury my/our co-depositor is/are still living.

Payment Received by:

Signature

Denomination:	No. of pcs	Amount	Denomination	No. of pcs.	Amount
1000	_____	_____	50	_____	_____
500	_____	_____	20	_____	_____
200	_____	_____	coins	_____	_____
100	_____	_____		TOTAL AMOUNT	_____



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