

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: _____		
COMPANY NAME / LOAN TYPE / SERVICE FEE: _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (1) SUBSCRIBER / CARDHOLDER'S / ACCOUNT NAME: _____ </div> <div style="width: 45%;"> (4) REFERENCE NO. / CHECK NO.: _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (2) SUBSCRIBER NO. / CARD NO. / SAP CUSTOMER NO. / LOAN ACCOUNT NO. / DEALER NO.: _____ </div> <div style="width: 45%;"> (5) TELEPHONE NO. / OTHER DETAILS: _____ </div> </div>		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT ACCOUNT: _____ Authorization to Debit: _____		
_____ ACCOUNTHOLDER'S SIGNATURE		
AMOUNT (In figures): _____		
THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED		

CASH DENOMINATION BREAKDOWN		
DENOMINATION	PIECES	AMOUNT
TOTAL CASH PAYMENT		
PLEASE LIST EACH CHECK AND ENDORSE PROPERLY		
BANK/BRANCH	CHECK NO.	AMOUNT
TOTAL CHECK PAYMENT		
THIS PAYMENT IS SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT		

1. DE LA SALLE UNIVERSITY INC.(921)
2. NAME OF STUDENT (Last Name, First Name, Middle Initial)
3. STUDENT ID NUMBER
4. STUDENT ID NUMBER
5. CONTACT NUMBER