SAMPLE BILLS PAYMENT SLIP

PAYMENT SLIP (UCPB)

Validation (Not official unless machine validated)

(Client's copy)

For customer assistance, please call 811-9111 or email us at crc@ucpb.com

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PAYMENT SLIP (UCPB)

Validation (Not official unless machine validated)

Payment for (Name of Institution) **(1)**	Date
Payor's Name **(2)**	
Subscriber Account No. **(3)**	Contact No. **(4)**
Other Information	Mode of Payment **(5)** ☐Cash ☐Check ☐Debit

CASH PAYMENT BREAKDOWN

Denomination	Quantity	Amount	
	Total Cash Payment		

CHECK PAYMENT BREAKDOWN
(Indicate Subscriber name and account number at the back of each check and endorse properly)

Bank/Branch	Check Number	Amount	
	Total Check Payment		

DEBIT FROM ACCOUNT

Account Number	Amount

_____
Signature of Depositor

_____
Signature of Depositor

Verified	Approved

This payment is made and accepted subject to the terms and conditions covering the payee's account with the institution indicated above.

UCPB Form No. 4-2327 Revised 5/2010   Member: PDIC

1. **DLSU-LAGUNA**
2. **NAME OF STUDENT**
3. **STUDENT ID NUMBER**
4. **CONTACT NUMBER**
5. **MODE OF PAYMENT**