SAMPLE BILLS PAYMENT SLIP
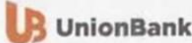
UB UnionBank

BILLS PAYMENT SLIP

PLEASE WRITE HEAVILY TO MAKE CARBON COPY CLEAR

PAYMENT FOR (COMPANY/INSTITUTION)

(1)

MODE OF PAYMENT **(4)**
☐ Cash   ☐ Check
☐ Debit to Account

CLIENT NAME

(2)

IF DEBIT ACCOUNT, ACCOUNT NUMBER

REFERENCE NUMBER (e.g. ACCOUNT NO. / CARD NO. / POLICY NO.)

(3)

IF RECEIVED BEYOND CUT-OFF TIME, I UNDERSTAND THAT MY PAYMENT
IS RECEIVED FOR SAFEKEEPING ONLY & WILL BE POSTED ON THE NEXT BANKING DAY.
IF OFFLINE, PAYMENT WILL BE POSTED UPON RESTORATION OF ON-LINE SERVICE.

CLIENT'S SIGNATURE   DATE

PLEASE LIST ON THE DETAILS COLUMN, IF CASH PAYMENT ITS DENOMINATION & NO. OF PIECES AND IF CHECK PAYMENT, THE CHECK DETAILS

DETAILS

IF CASH, DENOMINATION	NO. OF PIECES	AMOUNT
IF CHECK, DRAWEE BANK / BRANCH	CHECK NUMBER	

TOTAL PAYMENT	

PAYMENT RECEIVED BY: PROCESSED / DEPOSITED BY:

THANK YOU FOR BANKING WITH US.   MEMBER PDIC & *BancNet*

www.unionbankph.com

FMDA-0234-08

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