


# METROBANK Over-the-counter Bills Payment

		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 <b>04/23/2012</b>	
COMPANY NAME / LOAN TYPE / SERVICE FEE <b>COL Financial Group, Inc.</b>			
SUBSCRIBER / CARDHOLDER'S/ACCOUNT NAME <b>Juan Dela Cruz</b>		* Write your COL Account Name here	REFERENCE NO.
SUBSCRIBER NO. / CARD NO. / LOAN ACCOUNT NO. <b>**** - ****</b>		* Write your COL Account No. here	TELEPHONE NO. / OTHER DETAILS
Mode of Payment		Amount	
<input type="checkbox"/> CASH	In Words :	In figures :	
<input type="checkbox"/> CHECK			
<input type="checkbox"/> DEBIT MY ACCOUNT NO.			
		SIGNATURE	

Kindly make sure that your COL account number and COL account holder's name are correct for timely crediting and easier tracking.

**Credit to COL Account**  
 within 24 hours  
 excluding holidays & weekends

**Bank Transaction Fee:**  
**P30.00**