SAVINGS ACCOUNT WITHDRAWAL FORM

Date: _______________

Name: ____________________________ Div/Dept: ________________

Amount to be withdrawn: In words __________________________

In figure _____________ note: Minimum is P 200.00

Account Number: ____________________

Contact Number: ____________________

Signature of Depositor

Email: sakoheart@rocketmail.com/mlsakoluzon@gmail.com
Telephone #: (02) 843-2485
Contact number: 09479991713/09479991747

“AUTHORIZATION”
I authorize Ms/Mr. ____________________________ whose signature appears below to withdraw from my SAKO Savings deposit in the amount stated above.

Signature of Depositor

Signature Over-Printed Name

(AUTHORIZED PARTY)

Received by:

Signature Over-Printed Name

POSTED: ____________________

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