

DATE:

Request for Withdrawal of Funds**Account Information**

Amount in Figures (PHP): _____

Amount in Words: _____

Account Name: _____

Client Code: _____

Deposit to:

Bank Account No.: _____

Bank Name: _____

Branch Name: _____

Account Name: _____

☐ **Savings Account**☐ **Checking Account****Special Instructions:**☐ **Check Pick-up*** (Check payments will be made payable to Account holders name/s ONLY)**Representative's ID number:** _____**Expiry Date:** _____☐ Please uncross checks for Encashment_____
Signature**Withdrawal Agreement**

I confirm that the information herein is true and correct.

I understand that I am solely liable for any and all costs in relation to or caused by the breach of my representations herein, including the service charge for failed deposits.

Bank account name/s should match your CNN Account Name/s.

A service charge of Php50.00 will be incurred for any request for check cancellation/reissuance.

Signatures**Primary Account Holder**

Signature over Printed Name

Secondary Account Holder

Signature over Printed Name

***Check Pick-up through Representative**

I hereby authorize my representative whose printed name and specimen signature appear below, to receive the proceeds of this withdrawal in my behalf.

Representative's Printed Name_____
Representative's Specimen Signature_____
Customer's Signature