



NATCCO Network
Cordova Multi-Purpose Cooperative

Withdrawal Slip

Account Number	Date
Account Name	
Amount (in words) _____ (in figures) _____ (_____)	
Withdrawal Thru Representatives (Please cross-out this portion if not applicable.)	
I/We hereby authorize _____ whose signature appears below to effect this withdrawal, for and in my/our behalf.	
_____ Signature of Representative	
Signature of Depositor/s	
Verified By	Approved By
TOTAL CASH	
Payment Received By	
Machine Validation	