



Coast Guard Credit Cooperative

National Headquarters, Philippine Coast Guard
139 25th Street, Port Area, Manila 1018

WITHDRAWAL SLIP

_____ Date

NOTE: PLEASE PRESENT A VALID ID FOR TRANSACTION

ACCOUNT NAME:

ACCOUNT NUMBER:

AUTHORITY TO WITHDRAW

This is to **AUTHORIZE** _____
whose signature appears below to receive/withdraw the indicated amount
from my savings account.

Name and Signature of Member

DENOMINATIONS	PIECES/ CHECK NO.	AMOUNT
TOTAL:		

(Must be signed in the presence of the teller)

Received from the **COAST GUARD CREDIT COOPERATIVE** the sum of _____ pesos only.

Name and Signature of Member

Name and Signature of Representative

TELLER VALIDATION

Verified by: _____

Approved by: _____