



SAVINGS WITHDRAWAL SLIP

TAX IDENTIFICATION NO.: 002-923-114-000

COOPERATIVE IDENTIFICATION NO.: 0105160340

REGISTRATION NO. (R.A. 9520): 9520-16011528



femlc.1992@gmail.com



femlcofficial

DATE

ACCOUNT NAME

ACCOUNT NO.

I would like to withdraw from my savings account the sum amount of:

Member's signature over printed name

**This receipt must be signed and presented with the member's passbook.*

WITHDRAWAL THROUGH REPRESENTATIVE

Accomplish authority below and attached valid ID of the member and representative.

I/We hereby authorize _____ whose
signature affix below to effect this withdrawal for and on my/our behalf.

Signature of Representative

Signature of Member

Verified by:

Approved by:

CASH BREAKDOWN

DENOMINATION	PIECES	AMOUNT	
TOTAL CASH WITHDRAWN			

Payment Received by:

FEMLC VALIDATION

I Share, I Patronize, I SAVE

FEMLCForms20220907

Revision No. 01

Effectivity Date: September 01, 2022