



**DE LA SALLE UNIVERSITY – DASMARIÑAS
DEVELOPMENT COOPERATIVE
Dasmariñas, Cavite**

WITHDRAWAL SLIP

_____ **Date**

Account Name: _____ **Account Number:** _____

Amount in Words: _____

Amount in Figures: Php _____

Signature: _____

Important: Please present passbook with this withdrawal slip.

Verified by: _____

Approved by: _____

Received Payment:

