	Regional and Central COMELEC Employees Multi-Purpose Cooperative RECEMPCO No. B00 (Series of 2005)			WITHDRAWAL SLIP			
ACCOUNT NAME			CONTACT #:			DATE	
			LBP ACCOUNT #	:			
AMOUNT IN WOR	DS			AMOUN	NT IN FIGURES	•	
I/WE declare under the penalties of perjury that my/our co-depositor/s is/are still living.		WTHDRAWAL BY REPRESENTA NAME OF REPRESENTATIVE		FOR RECEMPCO'S USE ONLY			
PERSONAL WITHDRAWAL SIGNATURE OF DEPOSITORS		SIGNATURE OF REPRESENTAT	TIVE				
1 2		SIGNATURE OF DEPOSITOR(S)	5) /				
RECEIVE SIGNATURE:	ED CASH	1	Teller:	Verified:	Posted:	Approve	ed:
		2	With This Withdraw	al Slip			

ATTACHMENTS:

COMELEC ID / ANY VALID ID (1) LBP ATM (FRONT ONLY)

Email / Submit to:

recempcotacloban@gmail.com
recempcomla@gmail.com
https://www.facebook.com/recemp.co