Metrobank
METROPOLITAN BANK & TRUST COMPANY

PAYMENT SLIP

Payment For : (Kindly fill-out separate slip for each mode of payment)

☐ **PESO BILLING** ☐ **DOLLAR BILLING** | DATE

COMPANY NAME / LOAN TYPE / SERVICE FEE

SUBSCRIBER / CARDHOLDER'S / ACCOUNT NAME | REFERENCE NO. / CHECK NO.

SUBSCRIBER NO./CARD NO./ LOAN ACCOUNT NO./SAP CUSTOMER NO./ DEALER NO | TELEPHONE NO. / OTHER DETAILS

Mode of Payment	**Amount**
☐ **CASH**	In Words : / In figures :
☐ **CHECK**	
☐ **DEBIT MY ACCOUNT NO.** _____	_____ ACCOUNTHOLDER'S SIGNATURE (SIGNATURE VERIFIED)

THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED

CASH DENOMINATION BREAKDOWN

DENOMINATION	PIECES	AMOUNT
COINS		
TOTAL CASH PAYMENT		

PLEASE LIST EACH CHECK AND ENDORSE PROPERLY

BANK/BRANCH	CHECK NO.	AMOUNT
TOTAL CHECK PAYMENT		

THIS PAYMENT IS SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT