

# BILLS PAYMENT REFERENCE

## Reminders:

- a. Accomplished **“Payment Slip”** in duplicate copies
  - 1st Copy – Bank copy
  - 2nd Copy – Client’s copy
- b. **Company name** should always be:
  - “312-STI Alumni Association, Inc.”**
- c. Make sure to fill all the items with **accurate information** to avoid inconvenience
- d. May accept **Hyphen (-)** while **space** and **other special characters** are **NOT allowed** on **Reference Number** and **Subscriber Number Fields**
- e. **Telephone Number Field** – numeric only, **special characters** are **NOT allowed**

Subscriber no.

Reference no.

Telephone no.

Metrobank METROPOLITAN BANK & TRUST COMPANY		PAYMENT SLIP	
Payment For : (Kindly fill-out separate slip for each mode of payment)			
<input checked="" type="checkbox"/> PESO BILLING		<input type="checkbox"/> DOLLAR BILLING	
COMPANY NAME / LOAN TYPE / SERVICE FEE 312 - STI ALUMNI ASSOCIATION, INC.			
SUBSCRIBER / CARDHOLDER'S / ACCOUNT NAME STI ORCA / JUAN DELA CRUZ		REFERENCE NO. / CHECK NO. A12-STIAA-001	
SUBSCRIBER NO. / CARD NO. / LOAN ACCOUNT NO. / SAP CUSTOMER NO. / DEALER NO. / OTHER INFO. / OTHER DETAILS 2015		09101234567	
Mode of Payment		Amount	
<input checked="" type="checkbox"/> CASH		In Words: Ten Thousand Pesos	
<input type="checkbox"/> CHECK		In figures: 10,000.00	
<input type="checkbox"/> DEBIT MY ACCOUNT NO.		ACCOUNTHOLDER'S SIGNATURE	
THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED			
CASH DENOMINATION BREAKDOWN			
DENOMINATION	PIECES	AMOUNT	
1000	10	10,000.00	
TOTAL CASH PAYMENT		10,000.00	
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			

MB-I-M-24/Rev. Mar. '11

BMI

A. Company Name: **312-STI ALUMNI ASSOCIATION, INC.**

B. Subscriber Name: **SCHOOL NAME /  
GRADUATE NAME (for renewal)**

C. Reference No: **CODE ASSIGNED FOR EACH  
SCHOOL TO BE PROVIDED BY THE STIAA**

D. Subscriber No: **YEAR GRADUATED**

E. Telephone No/ Other details: **MOBILE NUMBER**

F. Mode of Payment: **Cash/Check**

G. Amount of Payment:  
**(In Figures) Php10,000.00**  
**(In Words) Ten Thousand Pesos**

H. Payment details: **Cash or Check Payment**

Metrobank <small>METROPOLITAN BANK &amp; TRUST COMPANY</small>		PAYMENT SLIP	
Payment For : (Kindly fill-out separate slip for each mode of payment)			
<input type="checkbox"/> PESO BILLING		<input type="checkbox"/> DOLLAR BILLING	
COMPANY NAME / LOAN TYPE / SERVICE FEE		DATE	
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	
<input type="checkbox"/> CASH		In Words :	
<input type="checkbox"/> CHECK		In figures :	
<input type="checkbox"/> DEBIT MY ACCOUNT NO.		ACCOUNTHOLDER'S SIGNATURE	
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			