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Bills Payment | Payment Solutions | KPTOGO | ML ePay

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Customer's Conv

Branch Copy

Sender:	Bills Payment: Payment to:	A	mount:	☐ PHP	USD
Cell / Contact No.:	Account Name:				
Receiver:	Account No.:		ь		
Cell / Contact No.:	Cell / Contact No.:	Other Details: .	91		

The terms and conditions on which service is provided are set out in the reverse side of this form. By signing this form, I acknowledge that I have read, understood and accepted those Terms and Conditions

Payment to : STI ALUMNI ASSOCIATION, INC.

Account Name : <GRADUATE'S NAME>

Account Number : <YEAR OF GRADUATION> e.g. 2013

Contact Number : <MOBILE NUMBER>

Other Details : <SCHOOL NAME> e.g. STI Ortigas - Cainta

Amount : Php150.00
 Charges (Service fee) : PhP 5.00
 Total : PhP 155.00