DEBIT ADVICE (Payments) Please use separate slip(s) for each type of transaction		Date:	MESALA, INC.
DEBIT FROM:	Account Name:	Amount in Figures:	
☐ Regular Savings	Account Number:	Amount in Words:	
Special SavingsCapital	Membership Number:		
PAYMENT FOR:	Account Name:	Purpose/Remarks:	
□ Loans	Account Number / Reference Number:		
□ Fees	Membership Number:		
□ Others:			
			s of perjury and/or expulsion from Mesala co-depositor/s is/are still alive.
		Signature	of Depositor/s
		Prepared by:	
		Certified Correct by:	
This serves as your receipt when machine validated		Approved by:	