WITHDRAWAL SLIP Please use separate slip(s) for each type of transaction		Date:	MESALA, INC.
Regular SavingsSpecial Savings	Account Name: Account Number:	AUTHORIZATION: I hereby authorize whose signature appears below to withdraw the amount indicated herein from my account:	
Capital	Membership Number:	Signature of Representative	Signature of Depositor/s
Amount in figures: Amount in words:		Please pay amount in: CASH CHECK Payee: CREDIT TO BANK ACCOUNT Bank: Account Name: Account Number: Savings Account	
I/We declare under penalties of perjury and/or expulsion from Mesala membership that my/our co-depositor/s is/are still alive Signature of Depositor/s			
This serves as your receipt when machine validated		Prepared by: Certified correct by:	Released by: Release Date:
		Approved by:	Received by: