FIRST ALLY
MICROFINANCE BANK
RC 208513

SAVINGS WITHDRAWAL SLIP

Date D D M M Y Y Y Y

Customer Name .....

Account Number | | | | | | | | | | |

Amount in Figures ₦ K

Total Amount in Words .....

.....

Authorised Signature

I hereby authorise First Ally Microfinance Bank to debit my/our account using this instrument in lieu of my/our chequebook/withdrawal booklet and debit my/our account with the appropriate charges. First Ally Microfinance Bank or its Officers shall not be held liable for any liability arising from executing this instruction.

FOR BANK USE ONLY

Paid by Signature

Authorised by Signature

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FOR BANK USE ONLY

Paid by Signature

Authorised by Signature

.....

Signature & Date

FOR OFFICIAL USE ONLY			
Denomination	No	₦	K
₦1000			
₦500			
₦200			
₦100			
₦50			
₦20			
₦10			
₦5			
Others			
Total			

*The receipts of which I hereby acknowledge