RCBC	FUND TRANSFER FORM			
то:	FROM:		DATE:	
PLEASE	DEBIT	CREDIT		
Account Number	Account Name	Account Number	Account Name	
Amount in figures	This se	erves as your receipt when machine validated Requested by:		
Amount in words			2	
		Full N	Full Name and Signature of Client/s	
PURPOSE OF TRANSFER (Please give details)		Business Manager/Account Officer/Division Head		
Received by/Date:	Posted by:	Approved By:		
FTF-01 (JAN. 2018)			(RETENTION: PERMANENT)	