

COLLEGE ASSURANCE PLAN PHILS., INC.

Contract Services Administration

REQUEST TO DEPOSIT CHECK

Subscriber : _____
Nominee : _____
SFA A/C NO : _____
CFP NO. : _____
Contact No. : _____
Servicing Office : _____
Schedule _____ Date of Check _____

This is to request to deposit this check to my bank account with details as follows:

ACCOUNT NAME _____
ACCOUNT NO. _____
BANK NAME _____
AMOUNT _____

Name and Signature of the Subscriber/Nominee

Received by:

Date Received:

Approved by:

Name and Signature of Staff

Name and Signature of
Team Leader