

# To Send

## G-Cash Value for Credit to Deposit Account *(Supplemental G-Cash Service Form)*

**SENDER’S INFORMATION:**

\_\_\_\_\_

First Name	Last Name	M.I.
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Amount: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

**RECIPIENT ACCOUNT DETAILS (G-Cash Value Credit to Account):**

Bank Name: \_\_\_\_\_

Bank Branch: \_\_\_\_\_ Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Account Type (Please Check):

Savings  Current  Others, please specify: \_\_\_\_\_

In signing this form:

1. I hereby confirm that the forgoing information is true and correct.
2. I know that this form is a supplemental form of G-Cash Service Form.
3. I hereby confirm that I have read and understood the Terms and Conditions stated on the reverse side of G-Cash Service Form.
4. It is my responsibility to ensure that the beneficiary deposit account in the recipient bank is already exists and still active. I further confirmed that the designated account name is a depositor of the recipient bank.
5. I have been informed of, and fully understand and accept, the fees, rates and charges including service charges and fees that the recipient bank might be deducted from the transferred G-Cash Value.

\_\_\_\_\_ Date: \_\_\_\_\_

Sender’s Signature over printed name

Verified by: \_\_\_\_\_ Approved by: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Authorized Officer \_\_\_\_\_ Date \_\_\_\_\_

For bank use only		
Transaction Trace/Reference Number	Transaction Date	Transaction Time