|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PHILIPPINE DEPOSIT INSURANCE CORPORATION PAYMENT BANK RECEIPT | | | | Date Paid | Clearing Account No. **1782-2220-97** | |
| **Paying Bank**  **Reference No.** | |
| **IMPORTANT:** | | | **This receipt must cover assessment related items only.**  ***ASD ADEF INT/PNY OTH*** | | | |
|  | | | |
| **COLLECTING BANK Land Bank of the Philippines** | | | | BRANCH | Signature over Printed Name of Remitting Entity Representative | |
| **REMITTANCE RECEIVED FROM (Name of Bank):** | | | | |  |  |
| **Total Amount Remitted in Pesos (In Words)** | | | | | Payment Received by: (Teller’s Name) | |
| **NATURE OF REMITTANCE** | | | **Amount (P)** | **TELLER’S VALIDATION** | | |
| 1. **Assessment Due**  (ASD) | **Amount appearing herein should tally with the RCS** | |  |
|  | |  |  |
| 2. **Assessment Deficiency** | | |  |
| (ADEF) | |  |  |
| 3.  **Interest/Penalty** | |  |  |
| (INT/PNY) | |  |  |
| 4. **Others**: (specify) | |  |  |
| (OTH) | |  |  |
| Note: This serves as Confirmation Receipt if machine validated | | | | | | |
| **FORM OF REMITTANCE** | | | | | | AMOUNT P |
| **CASH** | |  |  |  |  |  |
| **CHECK** | | Name of Bank/Branch | | Check Number |  |  |
| **FUND TRANSFER** | | Name of Bank/Branch | | Account Number |  |  |
|  | |  |  |  | Original – LBP’s Copy | |
| Note: Reproduction of this form shall be the responsibility of the remitting bank.  This form is downloadable from the PDIC website. | | | | | Duplicate – Remitting Entity (to be submitted to PDIC) | |
| Triplicate – Remitting Entity’s Copy | |

