



**SM SAVINGS AND LOAN ASSOCIATION, INC.
SAVINGS ACCOUNT WITHDRAWAL SLIP**

EMPLOYEE NAME	DATE
COMPANY/ BRANCH	EMPLOYEE NO.
AMOUNT IN WORDS	
(P _____ .__)	
SIGNATURE OVER PRINTED NAME	FOR SM SLAI's USE
	PROCESSED BY/DATE
	APPROVED BY/DATE

SMSLAI 004-2018 (Rev. Jan 2025)



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