



Meralco Employees Savings and Loan Association, Inc.

E-mail: meralco_sla@mesala.com.ph Tel. 632-8604/632-8834; Fax: 637-8477/632-8373

Date _____

Request for Automatic Transfer

Please transfer the amount of _____
(P_____) from my Savings Deposit to my Capital Contribution starting
_____ in accordance with the guidelines on capital crediting.

Printed Name

Signature

Company

Account/Man. No.