



APPLICATION FOR REFUND DUE TO EXCESS/OVERPAYMENT OF STL AMORTIZATION PAYMENT

(Branch)

INSTRUCTIONS

1. Type or print all entries in **BLOCK** or **CAPITAL LETTERS**.
2. Submit this form and one (1) valid ID (photocopy).

DATE

LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g., Jr, II)</i>	MIDDLE NAME	Pag-IBIG MID NO.	
EMPLOYER/BUSINESS NAME					
EMPLOYER/BUSINESS ADDRESS					
ADDRESS AND CONTACT DETAILS					
COMPLETE MAILING ADDRESS		CELLPHONE NO.	EMAIL ADDRESS		
		HOME TEL. NO.	BUSINESS TEL. NO.		
MODE OF REFUND <input type="checkbox"/> CREDIT TO DISBURSEMENT CARD ACCOUNT <input type="checkbox"/> CREDIT TO LANDBANK PAYROLL ACCOUNT <input type="checkbox"/> CHECK DISBURSEMENT <input type="checkbox"/> OPERATIONAL REVOLVING FUND		DISBURSEMENT/PAYROLL ACCOUNT NO. NAME OF BANK	REASON FOR REFUND <input type="checkbox"/> EXCESS/OVERPAYMENT <input type="checkbox"/> OVER DEDUCTION <input type="checkbox"/> OTHERS, <i>please specify</i> .		
SIGNATURE OF APPLICANT OVER PRINTED NAME			DATE		
THIS PORTION IS FOR Pag-IBIG FUND USE ONLY			AMOUNT FOR REFUND		
RECEIVED BY	DATE	REVIEWED BY	DATE	APPROVED/DISAPPROVED BY	DATE
FOR MODE OF DISBURSEMENT THROUGH CHECK, IF THE CHECK REMAINS UNCLAIMED WITHIN SIXTY (60) DAYS FROM NOTIFICATION AND HAS BECOME STALE, IT SHALL BE CANCELLED AND RECLASSIFIED TO MEMBER'S TOTAL ACCUMULATED VALUE (TAV).					



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