



Proof Employees Credit Co-operative Society Ltd.
BALASORE

Withdrawal Voucher No _____ Date _____

Name _____ A/C No _____

To

The Secretary,
Proof Employees Credit Co-operative Society Ltd.
BALASORE

Sir,

Please pay my R.D. maturity amount at the earliest **Pr.**

Int.

Total.

Paid (Rupees only)

Secretary

Signature Verified
Secretary

Full Signature of Depositor
Date