SUNYANI AREA TEACHERS' CO-OPERATIVE CREDIT UNION

BANK DRAFT FORM

DRAFT NO.....

NAME OF INSTITUTION.....

NAME OF STUDENT.....

AMOUNT IN WORDS.....

.....

AMOUNT IN FIGURES GH₵.....

COMMISSION PAID GH₵.....

TOTAL AMOUNT **GH₵.....**

PAYEE NAME.....

ADDRESS......

TEL.....

SIGNATURE.....

OFFICE USE

NAME OF TELLER.....

SIGNATURE......

DATE.....