

How Do I...

Fill in a Union Bank Bills Payment Slip

UHS Essential Health Philippines, Inc.
24th Floor, Tower I, The Enterprise Center,
6766 Ayala Avenue corner Paseo de Roxas,
Makati City, Philippines 1200
distserv@ph.usana.com Customer Service
(632) 858-4509 Phone Order Line
(632) 858-4599 Fax Order Line
www.usana.com Online Ordering

To pay USANA through the Philippine Payment Service (PPS), please ask for a BILLS PAYMENT SLIP at any Union Bank branch and complete it as shown below in duplicate. Once your payment is validated by a Teller, you will receive the duplicate copy and a Transaction Receipt. Keep both as evidence of your payment.

_	FMDA-0234-03					
(1)	UNIONBAK BILLS PAYMENT SLIP				4	
Write "BA - UHS"	THE SECOND COPY IS FOR YOUR RECORD					Leave this blank if you are paying by cash. If
here. This tells your	PAYMENT FOR (COMPANY INSTITUTION) F DEBIT ACCOUNT, ACCOUNT NUMBER					you have an account
bank to transfer the	→ BA = UHS			шшш	with the Union Bank,	
money to the Bank	CLIENT NAME		BLL/DUE DATE fill up the account			
of America account	→ Juan de la Cruz	19 Ja	19 January 2009 Inumber here to pay b			
of USANA Health Sciences.	ACCT#/CARD#/REF#					debit-to-account. Avoid
sciences.	→ 4549987				- 11	check payment, as this will delay the processing
	PLEASE LIST ON THE DETAILS COLUMN, IF CO	ASH PYMT, ITS DENOMINA	TION & PIECES, AND IF CHECK	PYMT, THE CHECK DET	ALS	of your order and the
(2)		DETA	ILS			awarding of volume
Write your name here	IF CASH IF CHECK, DRAVEE BANK-BRANCH	DENOMINATION DRAVER'S ACCOUNT	NO. OF PIECES CHECK NUMBER	AMOUNT	пп	points.
as it appears in your						
USANA application.	UnionBank - Main Office Branch	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)000000000X	PhP 99,000	25	
This helps USANA						<u>(5)</u>
identifies you as the person who pays.			TOTAL PAYMENT	PhP 99,000	25	Write the date of your
person who pays.	PAYMENT RECEIVED BY:		PROCESSED/DEPOSITED BY		25	payment here
(3)	Juan de la Cruz 🔸				- 11	
3	IT'S A PLEASURE TO SERVE YOU. FOR MORE INFOR	MATION ABOUT OTHER UBP PR	RODUCTS AND SERVICES, PLEASE	CALL OUR CUSTOMER SER	VICE 84186.	
Please write the	MEMBER POIC & MEMBER				Spius	(6)
Reference Number				www.unionbank	ph.com	Write the amount of
that USANA provides you here. This allows						money you are paying
USANA to identify						to USANA here. You
the specific order you						should have received
are paying for. If you						this figure from USANA
are not sure of the		Please s	gn your name			and it should equal
Reference Number,		here	0 /			the total value of your order, including VAT
please call USANA's Distributor Service at						and shipping fee (if any).
(632) 858-4500						If you do not know
(552) 555 1500						the exact amount you
						have to pay, please call
						USANA's Distributor
						Service at (632) 858- 4500

© USANA Health Sciences, Inc.