



Pag-IBIG Fund

PAYMENT INSTRUCTION FORM (PIF)

Employer ID Number : _____
 Payment Instruction Date : _____



Payment Instruction Number (PIN)

| EMPLOYER/BUSINESS NAME : | | | | | |
|---------------------------------|---------------|--------------------|--|-----------------------------|------------------|
| ADDRESS AND CONTACT DETAILS | | | | | |
| Unit/Room No., Floor | Building Name | Lot No., Block No. | | AREA CODE | TELEPHONE NUMBER |
| Phase No. | House No. | Street Name | | Business (Direct Line) | |
| Subdivision | Barangay | Municipality | | Business (Trunk Line) Local | |
| Province | Region | Zip Code | | Cell Phone Number | |
| | | | | Business Email Address | |

| TYPE OF PAYMENT | PERIOD COVERED | | AMOUNT DUE | CLIENT PRINT VALIDATION |
|---------------------|----------------|----|------------|-------------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL AMOUNT | | | | |

Prepared by: _____

Date: _____



REMINDERS:

- This form is valid **from** _____ **to** _____. If payment to be made is beyond the reflected validity period, this form **will not** be accepted by any accredited collecting partner/s.
- Please remit MS/pay loan obligation on or before the due date to avoid incurring penalties.

| | | |
|-------------|--|-------|
| | Employer ID Number | _____ |
| | Total Amount Due | _____ |
| | TO BE FILLED OUT BY THE PAYOR | |
| | <input type="checkbox"/> Cash Payment | _____ |
| | <input type="checkbox"/> Check Payment | _____ |
| | Check No. | _____ |
| Bank/Branch | _____ | |