



**AUTOMATIC DEBIT ARRANGEMENT (ADA)
ENROLLMENT FORM**

ACCOUNTHOLDER INFORMATION

Name of Accountholder		
<input type="radio"/> Savings Account <input type="radio"/> Current Account <input type="radio"/> Others: _____	Account Number	Branch of Account

ENROLLMENT INFORMATION

Subscriber Name	<input type="checkbox"/> Subscriber name is the same as the Accountholders name
Subscriber/Reference Number	Other Reference Numbers (Tel. Nos. and others)
Company /Biller/Merchant (COMPANY)	

This will serve as your authorization to debit my/our Savings/Current Account listed above to cover the Automatic Debit Arrangement (ADA). This instruction shall be in effect until revoked in writing by the undersigned.

I/We hereby certify that the above facts are true and correct. I/We hereby agree to be governed by the terms and conditions of the ADA printed at this form, a copy of which is hereby acknowledged to have been received by me/us. I/We are likewise subject to the applicable terms and conditions of the COMPANY .

_____	_____
Accountholder's Signature over Printed Name	Subscriber's Signature over Printed Name
Date: _____	Date: _____

Note: Please use another form for additional accounts to be enrolled

TERMS AND CONDITIONS

- | | |
|---|--|
| <ol style="list-style-type: none"> The BANK shall be notified immediately of any and all changes in my/our reference number(s). I/We agree to waive the application of R.A. 1405 (Secrecy of Bank Deposits Law) and hereby authorize the BANK to disclose to the COMPANY only those matters pertaining to any of my/our linked or depository accounts as may be necessary for the operation of this ADA. Only the cleared and withdrawable balance of the account shall be debited. In the event that there is no withdrawable amount on debit date or my account was not debited due to other reasons: i.e., closed account, bank system offline or other fortuitous events, I/we understand that the COMPANY will not consider my bill has been paid. In such cases, I/we shall make a timely separate arrangement with the COMPANY for the settlement of the bill due. Any discrepancy between the billing amount and the debited amount shall be resolved with the COMPANY. Payments made shall be for current dues/bills only. Payments for past due or overdue accounts with termination of policy/contract shall be made directly to the COMPANY. | <ol style="list-style-type: none"> Payment procedure/stipulations imposed by the COMPANY not inconsistent herewith or with any of the terms and conditions hereof or any related documents or instruments executed with the BANK and the undersigned or any of us, shall be incorporated herein and made part of this enrollment form. The ADA between the BANK and the COMPANY may be cancelled at anytime by either party without need of prior written notice of termination to me/us. This arrangement shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas. All terms and conditions of my/our existing current/savings account agreement(s) with the BANK insofar as not inconsistent herewith shall remain in full force and effect. For joint/corporate accounts, it is hereby understood and agreed that all transactions to be made by any of us through this ADA are done with the consent of my/our co-depositors/corporation |
|---|--|

FOR BANK'S USE ONLY

Accountholder's Branch of Account	Company Depository Branch
Received by/Date:	Received by/Date
Signature Verified by/Date:	Processed by/Date:
Approved by/Date:	Approved by/Date:
Remarks:	Remarks: