



PNB Remittance Centers Inc.,  
316 W. 2<sup>nd</sup> St., Suite 701 Los Angeles, CA 90012  
Tel No. (213) 401-1008 Fax No: (213) 403-4031

## ACH DEBIT AUTHORIZATION FORM (DRAGON PAY)

### Preferred CUSTOMER/REMITTER/ACCOUNT HOLDER'S NAME

First Name

Middle Name

Last Name

Tel. No.

Preferred E-mail Address

### ACCOUNT INFORMATION

Depository Bank

Bank Address

Bank Tel. No.

Account Type

☐ Savings

☐ Checking

Account Number

Bank Routing No.:

### PAYMENT INSTRUCTIONS

☐ ONE TIME

Please debit my account in  
the amount of:

☐ RECURRING

Debit my account every

Amount in **US\$**

OR in US\$ equivalent of **PHP**

Valid until:

of the month

plus PNBRCI remittance fee

(converted at current PNBRCI  
exchange rate on date of remittance.) plus  
PNB RCI remittance fee

Please send confirmation and official receipt via : (please check appropriate box)

☐ Mail using my Residence Address in your file

☐ E-mail using my preferred email address

Customer Name (same as acct holder):

Dragonpay Reference No:

Remarks:

I confirm that all of my personal information as a PNB RCI customer that are in your file are up to date. My signature below confirms my authorization to debit my bank account as instructed above for the payment of my remittance/s that is/are implemented by PNB RCI. If my authorization is for recurring ACH debits, it will remain valid until the date stated above unless cancelled earlier by me thru a written notice (with Subject: ACH CANCELLATION) sent by e-mail to amd@pnbrci.com; cc: rpetilla@pnbrci.com or fax to (213) 403-4031 or submitted in person to a PNB RCI branch/office.

I understand that if my bank rejects my debit instructions, I am liable to pay PNB RCI's US\$35.00 return fee per item.

Sign Here \_\_\_\_\_

Date Signed \_\_\_\_\_ (DD/MM/YY)

### REMITTER ID & SS INFORMATION

ID No:

Expiry Date:

SSN:

Type:

State/Country of Issuance:

Processed By:

Approved By: Manager or Head of Office

SIGNATURE OVER PRINTED NAME/DATE

SIGNATURE OVER PRINTED NAME/DATE