PNB **AUTO-DEBIT ARRANGEMENT FORM**

ADA Enrollment form

PLEASE PRINT ALL INFORMATION

Date:_____

ACCOUNTHOLDER/SUBSCRIBER INFORMATION

NAME

(LAST) (FIRST) (MIDDLE)

ADDRESS

ACCOUNT INFORMATION

ACCOUNT NUMBER (DEBIT ACCOUNT)	ACCOUNT NAME	MAINTAINING BRANCH	ACCOUNT TYPE ◯ SAVINGS ◯ CHECKING

INSTITUTION/BILLER REFERENCE INFORMATION

NAME OF BILLER	SUBSCRIBER/REFERENCE NUMBER

By signing here, I/we read, understood and agreed to the terms and conditions as cited below governing the Automatic Debit Arrangement.

_____ _____

Authorized Signatory or Accountholder's Signature Over Printed Name | Authorized Signatory or Accountholder's Signature Over Printed Name

FOR PNB-MAINTAINING BRANCH USE ONLY

INSTITUTION'S FC CIF ID	PROCESSED BY/SIGNATURE VERIFIED BY	APPROVED BY

Terms and Conditions

1. The Auto Debit Arrangement (ADA) is an automated payment facility wherein the enrolled Accountholder/s are allowed to settle bills/premiums/service fees and charges / membership dues by authorizing PNB to charge the amount thereof against the current/savings account/s of the Accountholder/s maintained with PNB.
2. ADA requires the enrollment of the Accountholders' current/savings account/s with PNB as a condition for the settlement of bills/premiums/service fees and charges/membership dues through a direct debit facility.
3. The Bank is hereby authorized to automatically deduct from the enrolled account/s of the Accountholders the total amount of bills/premiums/service fees and charges/membership dues/statements of account/s as may be instructed by the Biller.
4. The Accountholder likewise hereby authorizes the Bank to disclose the Account Number (Debit Account) as specifically provided by the Accountholder herein to the authorized representative of its Biller,_____. The Accountholder shall hold the Bank free and harmless from any loss and damage resulting
   (Name of Company)
   from the disclosure of such Account Number (Debit Account) and hereby waives any claim or action the Accountholder may have pursuant to Republic Act (RA) No. 1405, the Secrecy of Bank Deposits Act, relative to such disclosure.
5. Any party may cancel or terminate the ADA privileges or this enrollment subject to a 30-day written notice to the other party prior to termination date without prejudice to the fees and charges payable to PNB.
6. The Accountholder shall hold PNB free and harmless from any claim, damage or expense of whatever nature in case PNB fails or refuses to pay bills/premiums/service fees/membership fees/statements of account and such other amounts due to the Biller in the event of force majeure.

PNB **AUTO-DEBIT ARRANGEMENT FORM**

ADA Enrollment form

PLEASE PRINT ALL INFORMATION

Date:_____

ACCOUNTHOLDER/SUBSCRIBER INFORMATION

NAME

(LAST) (FIRST) (MIDDLE)

ADDRESS

ACCOUNT INFORMATION

ACCOUNT NUMBER (DEBIT ACCOUNT)	ACCOUNT NAME	MAINTAINING BRANCH	ACCOUNT TYPE ◯ SAVINGS ◯ CHECKING

INSTITUTION/BILLER REFERENCE INFORMATION

NAME OF BILLER	SUBSCRIBER/REFERENCE NUMBER

By signing here, I/we read, understood and agreed to the terms and conditions as cited below governing the Automatic Debit Arrangement.

_____ _____

Authorized Signatory or Accountholder's Signature Over Printed Name | Authorized Signatory or Accountholder's Signature Over Printed Name

FOR PNB-MAINTAINING BRANCH USE ONLY

INSTITUTION'S FC CIF ID	PROCESSED BY/SIGNATURE VERIFIED BY	APPROVED BY

Terms and Conditions

1. The Auto Debit Arrangement (ADA) is an automated payment facility wherein the enrolled Accountholder/s are allowed to settle bills/premiums/service fees and charges / membership dues by authorizing PNB to charge the amount thereof against the current/savings account/s of the Accountholder/s maintained with PNB.
2. ADA requires the enrollment of the Accountholders' current/savings account/s with PNB as a condition for the settlement of bills/premiums/service fees and charges/membership dues through a direct debit facility.
3. The Bank is hereby authorized to automatically deduct from the enrolled account/s of the Accountholders the total amount of bills/premiums/service fees and charges/membership dues/statements of account/s as may be instructed by the Biller.
4. The Accountholder likewise hereby authorizes the Bank to disclose the Account Number (Debit Account) as specifically provided by the Accountholder herein to the authorized representative of its Biller,_____. The Accountholder shall hold the Bank free and harmless from any loss and damage resulting
   (Name of Company)
   from the disclosure of such Account Number (Debit Account) and hereby waives any claim or action the Accountholder may have pursuant to Republic Act (RA) No. 1405, the Secrecy of Bank Deposits Act, relative to such disclosure.
5. Any party may cancel or terminate the ADA privileges or this enrollment subject to a 30-day written notice to the other party prior to termination date without prejudice to the fees and charges payable to PNB.
6. The Accountholder shall hold PNB free and harmless from any claim, damage or expense of whatever nature in case PNB fails or refuses to pay bills/premiums/service fees/membership fees/statements of account and such other amounts due to the Biller in the event of force majeure.