



**Guide in completing the Auto-Debit Arrangement (ADA) Enrollment/ Cancellation Form**

The ADA Enrollment/Cancellation Form is to be filled-out by the BDO customer to authorize the debit of his/her account to pay the corporate client who availed of ADA service. The corporate client is referred to here as the Biller.



**Customer Information**

1. Write the full *Account Name* of the BDO customer.
2. Tick the box if *Individual* or *Corporate* client.
3. Write the *Email* address.
4. Write the *Contact Nos.*
5. Alterations/erasures should be fully countersigned.

Read the Terms and Conditions at the back of this form. Fields with an asterisk (\*) are required. Complete and sign this form and submit to your maintaining branch.

**Customer Information**

1 Account Name\*  Individual  Corporate 2 JUAN MIGUEL SANTOS

3 Email jmsantos@gmail.com

4 Contact Nos. 0999-5671234- 0998-5671234

5 alterations/erasures should be countersigned

**Billers Information**

6. For *ADA*, tick the box beside *E* if for *Enrollment* or *C* if for *Cancellation*
7. Write the *Biller* name or the corporate client to pay (e.g. ABC Corp)
8. Write the *Subscriber/ Reference No* (e.g. policy number, customer number, etc.)
9. Write the *Subscriber Name*
10. Write the valid 12-digit BDO *Account No for ADA* where funds will be debited from

**Billers Information**

6 ADA	7 Biller	8 Subscriber/Reference No.	9 Subscriber Name	10 Account No. for ADA
<input checked="" type="checkbox"/> E <input type="checkbox"/> C	ABC Corp	2090890870	Juan Miguel Santos	006789123456
<input type="checkbox"/> E <input checked="" type="checkbox"/> C	ABC Corp	2080878097	Joy Marie Santos	006789123456
<input type="checkbox"/> E <input type="checkbox"/> C				
<input type="checkbox"/> E <input type="checkbox"/> C				
<input type="checkbox"/> E <input type="checkbox"/> C				
<input type="checkbox"/> E <input type="checkbox"/> C				

E - Enrollment C - Cancellation

**Signatory/ies -**

11. Write the full account name and signature according to the signing arrangement (whether sole, joint or corporate account)

I have read and agree to the ADA terms and conditions printed at the back of this form. I/We declare that the above information are accurate to my/our best knowledge.

Signatory/ies (Signature over Printed Name)

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----- Signatory 1 ----- Signatory 2 ----- Signatory 3 -----

## Auto-Debit Arrangement (ADA) Terms and Conditions

12. The *ADA Terms and Conditions* (T & C) on page 2 should be printed at the back of the form. If this is printed on the separate page, the authorized signatory/ies should also write their name and signature at the bottom of the page.

### Auto-Debit Arrangement (ADA) Terms and Conditions


Date of Enrollment : \_\_\_\_\_  
To : BDO UNIBANK, INC.  
BDO Corporate Center, 7899 Makati Ave., Makati City

Gentlemen:

This will serve as your authorization to debit my/our enrolled account/s to settle my/our billing/s in favor of my/our enrolled biller/s under the AUTOMATIC DEBIT ARRANGEMENT ("ADA"). My/our ADA enrolled account/s and corresponding biller/s are indicated on the reverse side hereof.

In this regard, I/We hereby agree to be governed by the following ADA terms and conditions:

1. BDO Unibank, Inc. ("BDO") and my/our biller/s have entered into a Memorandum of Agreement ("MOA") whereby BDO will facilitate the collection of my/our biller/s' billings to me/us, via auto-debit from my/our enrolled account/s.
2. I/We hereby expressly authorize BDO's unit-in-charge of implementing the collection, to automatically debit from time to time, without need of any further act and deed, from my/our enrolled account/s, the amount/s due to my/our biller/s as described in the collection instruction/billing file as may be transmitted by my/our biller/s to BDO from time to time in accordance with terms of the MOA. Amounts debited from my/our enrolled account/s will be automatically credited to my/our biller/s' deposit account/s with BDO.  
  
It is agreed and understood that in case the cleared and withdrawable balance of my/our enrolled account/s be insufficient to pay in full the total amount due to my/our biller/s, BDO shall not effect partial payment thereof out of the insufficient balance of my/our enrolled account/s.
3. Any claim which may arise from any discrepancy between the amount/s debited from my/our enrolled account/s and that stated in my/our biller/s' collection instruction/billing file shall be resolved with my/our biller/s.
4. Payments for past due or overdue accounts with service disconnection/termination or policy/contract lapsation shall be made directly to the collection offices of my/our biller/s.  
  
Payment procedures/stipulations imposed by my/our biller/s not inconsistent herewith or with any terms and conditions hereof or any related documents or instruments executed by BDO and the undersigned or any of us, are deemed incorporated herein by way of reference.
5. For enrolled joint "or" accounts, I/We hereby agree and understand that any and all transaction done by me/us/any of us through the ADA are done with the consent of all of my/our co-depositor/s. Further, I/we hereby declare under the penalties of perjury that all of my/our co-depositor/s is/are living at the time of such transaction/s.
6. For enrolled corporate accounts, I/We hereby agree that the ADA transactions are authorized by my/our company's board resolution covering my/our account maintenance with BDO.
7. I/We hereby agree to waive a separate notice of debit other than that reflected in BDO's passbook or bank statement.
8. I/We hereby agree to reimburse and forever hold BDO, its directors, officers, employees and assigns, free and harmless from any and all claims, actions, and/or liabilities of whatever kind and nature, for checks drawn against my/our enrolled account/s but returned /dishonored as a result of the debit of the amount/s due to my/our biller/s from my/our enrolled accounts; and/or arising out of or in connection with the implementation of this ADA, and/or for BDO's failure to implement this authority due to error/s and omissions inadvertently committed.
9. I/We hereby expressly waive my/our rights under the Secrecy of Bank Deposits Law (R.A. 1405) in connection with any information which may be disclosed by BDO to my/our biller/s from time to time and as may be necessary to implement the MOA between BDO and my/our biller/s. For this purpose, I/we hereby authorize BDO to disclose my/our biller/s any information pertaining to my/our enrolled account/s, as may be necessary for the implementation of this ADA.
10. BDO reserves the right to impose charges on this arrangement within legal/statutory limits.
11. The MOA between BDO and my/our biller/s may be cancelled at anytime by either party without need of prior written notice of termination to me/us.
12. This ADA shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas, Philippine Clearing House Corporation and other relevant government agency.
13. All terms and conditions of my/our existing savings/current account agreement/s with BDO in so far as not inconsistent herewith shall remain in full force and effect.
14. This ADA shall take effect after BDO receives confirmation of my/our ADA enrollment from my/our biller/s following the date of enrollment as indicated above and shall continue to be effective unless otherwise notified by me/us in writing BDO at least seven (7) days prior to intended date of termination. BDO however, may immediately terminate this Agreement without notice to me/us, in case I/we mishandle my/our enrolled account/s in the reasonable determination of BDO.
15. This ADA and the implementation of the terms hereof shall be subject to the pertinent provisions of the MOA between BDO and my/our biller/s as well as BDO's Implementing Guidelines, which are deemed incorporated herein by way of reference.

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*Incomplete information and non-compliance to above requirements may result to the return of the form.*

**Common errors in completing the form:**

- Incomplete details on the form
- Correction/ alteration is not countersigned
- No tick mark on ADA options whether for E (enrolment) or C (cancellation)
- Invalid ADA account number
- Account name and account number do not match
- Unsigned form
- Unable to verify signature vs bank record
- Signatures do not comply with the signing arrangement
- ADA Terms and Conditions (T&C) in page 2 is not printed at the back of the form. If this is printed on a separate sheet, signatory/ies should also sign at the bottom of the page.