



**Bank of the Philippine Islands**  
**EXPRESSLINK AUTOMATIC DEBIT ARRANGEMENT**

Customer Enrollment Form for **SUN LIFE FINANCIAL GROUP OF COMPANIES** Customers

Customer's Name					Date				
Customer Deposit Account to be Debited									
Company/Merchant					Customer Reference Number			(For SUN LIFE's info only) Frequency of Payment	
* Please see Customer Reference No. indicated on _____ proof of billing, policy contract, or customer introductory letter to branch.									

**TERMS AND CONDITIONS FOR ENROLLMENT UNDER BPI'S EXPRESSLINK AUTOMATIC DEBIT ARRANGEMENT**

The undersigned, hereby applies with the BANK OF THE PHILIPPINE ISLANDS (BPI) for enrollment under BPI's Automatic Debit Arrangement ("Facility") for the payment of his/its bill via the automatic debiting of the BPI CA/SA Deposit Account as indicated above (the "Customer Account"). For purposes of effecting payments to the Company/Merchant through the Expresslink (Elink) System ("the Facility"), the undersigned:

- Shall abide by the BPI's rules and requirements for maintaining the Customer Account and agrees to abide by/comply with BPI's rules and requirements for the use of the Facility.
- Authorizes the Company/Merchant and/or BPI to debit or cause the debiting of the Customer Account of amounts due to the Company/Merchant from time to time, and thereafter, shall remit the same to the Company/Merchant.
- Authorizes BPI to release information to Company/Merchant in relation to the existence and status of the Customer Account, enrollment to the Facility, cancellation/termination of such enrollment, and reason for debit rejection, insofar as such disclosure of information may be required or necessary in the implementation of the Facility.
- Authorizes the Company/ Merchant or its agents to know and access such information as may be required or necessary in the implementation of the Facility, such as but not limited to, existence and status of the Customer Account and reason for debit rejection, if any, which information are or may be covered under R.A. 1405 (The Law on Secrecy of Bank Deposits).
- Undertakes to ensure that the Customer Account shall always have sufficient and free funds to cover all amounts due as billed by Company/Merchant. Any discrepancy between the billed amount and the debited amount shall be resolved entirely between the undersigned and Company/Merchant.
- Acknowledges that billing and other complaints regarding the merchandise and/or services of the Company/Merchant shall be the direct responsibility of Company/Merchant and that BPI shall not, in any manner, have any obligation to the undersigned for matters relating to such complaints.
- Agrees that his/its enrollment under the Facility shall automatically be deemed withdrawn/terminated at any time BPI is unable to debit the amount due by reason of closure of his/its Customer Account, insufficiency of funds, garnishment of deposit, or grounds analogous to the foregoing causes. The undersigned, on the other hand, may terminate his/its enrollment in the Facility by submitting a written notice of termination/cancellation to BPI. The undersigned further agrees that in case his/its enrollment in the Facility is cancelled/terminated, his/its enrollment may only be reinstated upon the approval of Company/Merchant subject to the same terms and conditions for new enrollees.
- (For Corporate Customers) Represents and warrants that: (a) All appropriate and necessary corporate and legal action has been taken by it to authorize the execution, delivery and performance of these terms and conditions and of the specific agreements to which it is a party; and (b) These terms and conditions and such specific agreements to which it is a party constitute, and when executed and delivered pursuant to these terms and conditions will constitute, its legal, valid and binding obligations, enforceable in accordance with their respective term. There is no provision in its Articles of Incorporation, By-Laws or other constitutive documents of the undersigned, and no provision of any indenture or agreement to which it is a party or by which it or any of its property is bound, nor is there any statute, rule or regulation, or any judgement, decree or order of any court or agency applicable to it, which would be contravened by the execution and delivery of these terms and conditions or the specific agreements to which it is a party or by the performance of any provision, condition, covenant, or other term hereof or thereof.
- (For Individual Customers) For joint accounts, it is hereby understood and agreed that all transactions to be made by any of the undersigned in connection with the Facility are done with the full knowledge and consent of the undersigned's co-depositor/s.
- Recognizes that the use of the Facility will expedite payments of the obligations of the undersigned to the Company/Merchant and is for the benefit of the undersigned and that of the Company/Merchant.
- Holds BPI free and harmless and indemnified from any and all damages, liabilities, suits or causes of action arising from the implementation/operation of the Facility, fortuitous events and any interruption, suspension or discontinuance of the Facility due to technical or mechanical causes and/or errors.

\_\_\_\_\_ Customer

<b>FOR BANK USE ONLY</b>	
Encoded/Verified by:	Approved by:

Bank Copy

**Sun Life of Canada (Philippines), Inc/Sun Life Financial Plans, Inc.**

12<sup>th</sup> Floor, Enterprise Center Tower 2  
Ayala Avenue corner Paseo de Roxas  
Makati City

\_\_\_\_\_  
(Date)

BPI – \_\_\_\_\_ Branch

Gentlemen:

This is to introduce the bearer, Mr./Mrs./Ms. \_\_\_\_\_, who is one of our customers. Kindly assist him/her in enrolling his/her savings/current deposit account with your branch under Auto Debit Arrangement (ADA) with our company as the ADA beneficiary company account.

Furthermore, please see to it that his/her \_\_\_\_\_ customer reference no. \_\_\_\_\_ is correctly indicated under the Customer No. portion of his/her ADA enrollment form.

Thank you very much.

Very truly yours,

By : Sun Life Financial  
Financial/Insurance Advisor  
Authorized Signatory

\_\_\_\_\_  
Specimen Signature of Sun Life Financial (Head Office) Authorized Signatory