

AUTHORIZATION TO DEBIT ACCOUNT (ATDA)

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BILLING COMPANY													
Name of BILLING COMPANY (account to be credited)			Servicing Branch (Billing Company's Depository Branch)										
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CUSTOMER INFORMATION													
Nam	e of CUSTOMER	Brar	nch c	of acco	unt								
Door	Account to be Debited	Non	of	ACC() I I I	JTUO	LDED						-
Peso Account to be Debited Current		Name of ACCOUNTHOLDER											
			Account Number (13 – digit account number)										
□ ATM-SA * Prepaid and Paycards are card NOT allowed for enrollment													
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Billing/Policy/Subscriber Number			Contact Person and Number/s										
I/We, a client of the above BILLING COMPANY with Billing Reference Number stated above, hereby agree and bind myself/ourselves to the following terms and conditions in relation to my/our current/savings account maintained with METROBANK:													
1.	I/we am/are authorizing METROBANK to debit the account in payment of the bills due to the BILLING of debiting that will be provided by the BILLING COMPAN	COM	PAN	Y. Th	ne a	amour	nt to be	debi	ited a	and t	he fr	eque	
2.	I/we shall notify METROBANK immediately of any and	nd all changes in my/our billing reference number(s).											
3.	Deposits Law) and hereby authorize METROBANH	valve the application of Republic Act 1405 (Secrecy of Bank IK to disclose to the BILLING COMPANY any information be necessary for the implementation of this agreement.											
4.	Consistent unposting/non-debiting of my/our account immediate revocation/cancellation of this debit arrange	due to unavailability/insufficiency of funds is a ground for the ement even without prior notice to me/us.											
5.	In the absence of any gross negligence or willful misconduct committed by METROBANK, any discrepancy between the amount actually debited from my/our account and the amount reflected in the billing reference shall be resolved between the BILLING COMPANY and myself/ourselves as the client.												
6.	I/we authorize METROBANK to reverse any crediting/debiting to my/our account and shall reimburse METROBANK if, at the time of reversal, the balance of my account is not sufficient to effect the reversal.												
7.	The ATDA agreement between METROBANK and the BILLING COMPANY may be cancelled anytime by either party without need of prior written notice of termination to me/us.												
8.	8. This authorization shall be on a continuing basis unless cancelled by the undersigned in writing or as determined by the BILLING COMPANY.												
NOTE: PLEASE MAKE SURE THAT YOUR SIGNATURE MATCHES THE SIGNATURE IN YOUR CUSTOMER SIGNATURE CARD.													
	Client's Signature Over Printed Name			Clien	ťs S	Signat	ture Ov	er Pri	nted	Nam	ne		
FOR BANK'S USE ONLY													
Signature Verified by:				Approved by:									
12	Signature Over Printed Name Date			Signa	atur	e Over	· Printed	Name	<u>—</u>	8	Da	ate	_