



# Auto-Debit Arrangement Enrollment Form

Authority to Debit (Individual / Corporate)

## How to enroll / update enrollment

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

### 1. CUSTOMER INFORMATION

ACCOUNT NAME\* Please check:  Individual  Corporate

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ADDRESS\* Please check:  Residence  Business

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CONTACT PERSONS\* TEL.NO. (Residence)\* TEL.NO.(Business)\* FAX NO.\*


### 2. CUSTOMER PAYEE LIST INFORMATION

- Indicate the following: "E" for enroll - first time ADA set-up with payee or re-enrollment.  
"D" for delete - any change in debit account number/change in subscriber number/change in subscriber name/voluntary cancellation/termination of ADA with payee.
- Please enumerate the payee/s that you would like to enroll or delete for auto-debit arrangement (ADA).
- Indicate your subscriber number with that payee/other subscriber number/s you wish to enroll or delete, e.g. account number, service I.D. number, policy number, membership number.
- Indicate your subscriber name/other subscriber name/s you wish to enroll or delete.
- Indicate your default bank account number from which funds will be automatically debited in settlement of your payable/s to the payee/s once a collection instruction/billing file is sent to the Bank by the payee/s. This may be changed later if desired.

E/D<sup>1</sup> PAYEE NAME<sup>2</sup> SUBSCRIBER NUMBER<sup>3</sup> SUBSCRIBER NAME<sup>4</sup> ENROLLED DEBIT ACCOUNT NO<sup>5</sup>

E/D <sup>1</sup>	PAYEE NAME <sup>2</sup>	SUBSCRIBER NUMBER <sup>3</sup>	SUBSCRIBER NAME <sup>4</sup>	ENROLLED DEBIT ACCOUNT NO <sup>5</sup>

### 3. DECLARATION

I/We 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 knowledge

#### ALL REQUIRED SIGNATORIES

\_\_\_\_\_  
SIGNATORY 1  
(signature over printed name)

\_\_\_\_\_  
SIGNATORY 2  
(signature over printed name)

\_\_\_\_\_  
SIGNATORY 3  
(signature over printed name)

#### For Banks Use Only

Branch	H.Q. Unit
SIGNATURES VERIFIED BY: <small>(signature over printed name)</small>	PROCESSED BY: <small>(signature over printed name)</small>
Date and Time:	Date and Time:
VALIDATED/APPROVED BY: <small>(signature over printed name)</small>	CHECKED/APPROVED BY: <small>(signature over printed name)</small>
Date and Time:	Date and Time:

# AUTO-DEBIT ARRANGEMENT (ADA) Terms and Conditions

Date of Enrollment : \_\_\_\_\_  
To **BANCO DE ORO UNIVERSAL BANK**  
No.12 ADB Avenue, Ortigas Centre, Mandaluyong 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 payee/s under the AUTOMATIC DEBIT ARRANGEMENT ("ADA"). My/our ADA enrolled account/s and corresponding payee/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. Banco de Oro Universal Bank ("BDO") and my/our payee/s have entered into a Memorandum of Agreement ("MOA") whereby BDO will facilitate the collection of my/our payee/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 payee/s as described in the collection instruction / billing file as may be transmitted by my/our payee/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 payee/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 payee/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 payee/s' collection instruction/billing file shall be resolved with my/our payee/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 payee/s.  

Payment procedures/stipulations imposed by my/our payee/s not inconsistent herewith or with any of the 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-depositors/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 payee/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/or 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 payee/s from time to time and as may be necessary to implement the MOA between BDO and my/our payee/s. For this purpose, I/we hereby authorize BDO to disclose my/our payee/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 payee/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 payee/s following the date of enrollment as indicated above and shall continue to be effective unless otherwise notified by me/us in writing to 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 payee/s as well as BDO's Implementing Guidelines, which are deemed incorporated herein by way of reference.