

## Authorization to Debit Account

Gentlemen:

This is to authorize The Manufacturers Life Insurance Co. (Phils.) Inc., ("Manulife") to debit from my bank,

\_\_\_\_\_ Current /Saving Account No. \_\_\_\_\_

under the name of \_\_\_\_\_ in the amount of

Php \_\_\_\_\_ as payment for the

premium/installment amount due of Policy No. \_\_\_\_\_ on the policy due date and every due date thereof without prior notice.

In the event there is insufficient balance on debit date, I authorize Manulife at its sole discretion and without prior notice to initiate debit charges again to my bank account until successful. If no payment was debited from the above account due to insufficient balance, termination/cancellation of account or any other reason, Manulife will not consider that premium for my policy to have been paid and I will have to pay the premium directly to Manulife to keep the policy in force.

I understand that this authorization shall also cover any change in premium/installment amount due to policy mode change or increase in policy premium/installment due.

I understand that this payment facility may only be extended to parents, spouse, children, brothers and sisters of the account holder.

I further understand and agree that I may withdraw this authorization effective 30 days after receipt by Manulife and the Bank of a written notice of withdrawal.

Very truly yours,

\_\_\_\_\_  
Depositor's Signature over Printed Name

## DEBIT DATE

Depending on fund availability, please elect a debit date from the schedule below. In the event that our initial attempt to debit your account fails, another attempt will be done on the next debit date.

- ☐ every 1st day of the month
- ☐ every 11th day of the month
- ☐ every 16th day of the month
- ☐ every 26th day of the month

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### Important Reminders:

- Should be submitted together with duly filled out **Auto Debit Arrangement** Form
- Complete all fields and submit to Billing and Collection Department.
- Please allow 2 – 3 weeks for the processing of your application. When approved, your account will be debited on your elected **debit date**.
- If the debit date falls on a weekend or a holiday, your account will be debited on the last working day prior to your debit date schedule.
- Please ensure that there are sufficient funds in the designated account on the payment due date for **Auto Debit Arrangement**.
- This payment instruction/authorization will remain in force until revoked in writing by the undersigned.