



**AUTOMATIC DEBIT ARRANGEMENT (ADA)
ENROLLMENT FORM**

ACCOUNTHOLDER INFORMATION

Name of Accountholder		
<input type="radio"/> Savings Account <input type="radio"/> Current Account <input type="radio"/> Others: _____	Account Number	Branch of Account

ENROLLMENT INFORMATION

Subscriber Name	<input type="checkbox"/> Subscriber name is the same as the Accountholders name
Subscriber/Reference Number	Other Reference Numbers (Tel. Nos. and others)
Company /Biller/Merchant (COMPANY)	

This will serve as your authorization to debit my/our Savings/Current Account listed above to cover the Automatic Debit Arrangement (ADA). This instruction shall be in effect until revoked in writing by the undersigned.

I/We hereby certify that the above facts are true and correct. I/We hereby agree to be governed by the terms and conditions of the ADA printed at this form, a copy of which is hereby acknowledged to have been received by me/us. I/We are likewise subject to the applicable terms and conditions of the COMPANY .

_____ Accountholder's Signature over Printed Name	_____ Subscriber's Signature over Printed Name
Date: _____	Date: _____

Note: Please use another form for additional accounts to be enrolled

TERMS AND CONDITIONS

- | | |
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| <ol style="list-style-type: none"> 1. The BANK shall be notified immediately of any and all changes in my/our reference number(s). 2. I/We agree to waive the application of R.A. 1405 (Secrecy of Bank Deposits Law) and hereby authorize the BANK to disclose to the COMPANY only those matters pertaining to any of my/our linked or depository accounts as may be necessary for the operation of this ADA. 3. Only the cleared and withdrawable balance of the account shall be debited. In the event that there is no withdrawable amount on debit date or my account was not debited due to other reasons: i.e., closed account, bank system offline or other fortuitous events, I/we understand that the COMPANY will not consider my bill has been paid. In such cases, I/we shall make a timely separate arrangement with the COMPANY for the settlement of the bill due. 4. Any discrepancy between the billing amount and the debited amount shall be resolved with the COMPANY. 5. Payments made shall be for current dues/bills only. Payments for past due or overdue accounts with termination of policy/contract shall be made directly to the COMPANY. | <ol style="list-style-type: none"> 6. Payment procedure/stipulations imposed by the COMPANY not inconsistent herewith or with any of the terms and conditions hereof or any related documents or instruments executed with the BANK and the undersigned or any of us, shall be incorporated herein and made part of this enrollment form. 7. The ADA between the BANK and the COMPANY may be cancelled at anytime by either party without need of prior written notice of termination to me/us. 8. This arrangement shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas. 9. All terms and conditions of my/our existing current/savings account agreement(s) with the BANK insofar as not inconsistent herewith shall remain in full force and effect. 10. For joint/corporate accounts, it is hereby understood and agreed that all transactions to be made by any of us through this ADA are done with the consent of my/our co-depositors/corporation |
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FOR BANK'S USE ONLY

Accountholder's Branch of Account	Company Depository Branch
Received by/Date:	Received by/Date
Signature Verified by/Date:	Processed by/Date:
Approved by/Date:	Approved by/Date:
Remarks:	Remarks:



For your future™

Authorization to Debit Account

Gentlemen:

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

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 accountholder.

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

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.