

REMINDER: Please accomplish one form for each account number to be enrolled/disenrolled and for each biller/company.	Type of Request <input type="checkbox"/> New <input type="checkbox"/> Update	Date
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CHINA BANK DEPOSIT ACCOUNT DETAILS		
Account Name	Account Number <input type="checkbox"/> CA <input type="checkbox"/> SA	Maintaining Branch
Email Address	Mobile Number	

SUBSCRIBER DETAILS		
Biller / Company Name		
	SUBSCRIBER NAME <small>Note: If the Subscriber Name is different from Account Name, please indicate the name reflected in the Billing Statement.</small>	REFERENCE NUMBERS <small>(Maximum of 25 characters)</small>
<input type="checkbox"/> Enroll (Add) <input type="checkbox"/> Disenroll (Delete)	<input type="checkbox"/> Same as the Account Name indicated above	Reference No. 1: _____ <small>(Mandatory; Ex: Policy No./Card No./Subscriber No./Account No.)</small> Reference No. 2: _____ <small>(Optional; Required only for selected billers/companies)</small>
<input type="checkbox"/> Enroll (Add) <input type="checkbox"/> Disenroll (Delete)	<input type="checkbox"/> Same as the Account Name indicated above	Reference No. 1: _____ <small>(Mandatory)</small> Reference No. 2: _____ <small>(Optional)</small>
<input type="checkbox"/> Enroll (Add) <input type="checkbox"/> Disenroll (Delete)	<input type="checkbox"/> Same as the Account Name indicated above	Reference No. 1: _____ <small>(Mandatory)</small> Reference No. 2: _____ <small>(Optional)</small>
<input type="checkbox"/> Enroll (Add) <input type="checkbox"/> Disenroll (Delete)	<input type="checkbox"/> Same as the Account Name indicated above	Reference No. 1: _____ <small>(Mandatory)</small> Reference No. 2: _____ <small>(Optional)</small>

This will serve as the Bank's authorization to debit my/our China Bank deposit account indicated above for payments in favour of the named BILLER/COMPANY under 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 affirm that I/we have read, understood, agreed to, and accepted the terms and conditions of the ADA printed on this form. I/We are likewise subject to the applicable terms and conditions of the BILLER/COMPANY.

For joint "or" accounts, I/we acknowledge that all transactions made through the ADA, including enrollment of the account number specified in this form, are done with the consent of my/our co-depositor(s) or co-signatory(ies) without the necessity of his/her/their signature(s), and that I/we declare under the penalties of perjury that my/our co-depositor(s) or co-signatory(ies) is/are still living.



Signature(s) Over Printed Name(s) of Account Holder(s)

TERMS AND CONDITIONS	
<ol style="list-style-type: none"> 1. I/We understand and agree that by enrolling my/our deposit account under the Automatic Debit Arrangement (ADA), I/we are authorizing the BANK to debit my/our account on the date(s) and in the amount(s) given by the BILLER/COMPANY. 2. I/We agree to notify the BANK immediately, in writing, of any changes in my/our enrollment, including but not limited to, change in Subscriber Reference Number. I/We hold the BANK free from any liability for payments not debited from my/our Account and/or reported to the BILLER/COMPANY resulting from my/our failure to update the details of the enrollment. 3. I/We agree to waive the confidentiality accorded by R.A. 1405, Secrecy of Bank Deposits Act, as amended, RA No. 8791 General Banking Law of 2000, as amended, RA No. 9160 Anti-Money Laundering Act of 2001, as amended, and other similar and applicable laws, and hereby authorize the BANK to disclose to the BILLER/COMPANY all information pertaining to my/our enrolled account as may be necessary for the operation of this ADA. 4. I/We understand and agree that only cleared and available/withdrawable balance on my/our enrolled account shall be eligible for debiting as payment to the BILLER/COMPANY. 5. I/We fully understand and accept that in the event that the debit to my/our account was unsuccessful due, but not limited, to disenrollment, insufficient available/withdrawable balance, closed account, system offline, unavailable communication network, or other fortuitous events, the BILLER/COMPANY will not consider the bill as paid. In such cases, I/we agree to settle the bill with the BILLER/COMPANY separately. 6. I/We understand that the BANK cannot verify the correctness of the amount to be debited nor the timing and frequency of debiting of my/our account as these shall be determined and dictated by the BILLER/COMPANY on the basis of a separate agreement signed between the BILLER/COMPANY and the SUBSCRIBER. 7. I/We understand and agree that any discrepancy/dispute between the amount due to the BILLER/COMPANY (billed amount) and the amount that was actually debited from my/our enrolled account, and the timing and frequency of debiting my/our account, shall be resolved directly with the BILLER/COMPANY. 8. I/We shall indemnify and hold the BANK free and harmless from any losses, actions, claims or damages that may arise out of or in connection with the BANK's compliance in good faith with my/our enrollment/disenrollment request and/or BILLER/COMPANY's debit instruction. I/We further agree that the BANK shall not be made a party to any dispute between the SUBSCRIBER and the BILLER/COMPANY. 9. I/We understand that the terms and conditions for ADA imposed by the BILLER/COMPANY shall be a separate agreement between the SUBSCRIBER and the BILLER/COMPANY and shall not form part of the BANK's terms and conditions for ADA. 10. I/We understand that BILLER/COMPANY's arrangement with the BANK may be cancelled at anytime by the BILLER/COMPANY or the BANK without prior notice to me/us. I/We accept that the BANK shall not be liable for any losses, actions, claims or damages that may arise out of or in connection with such cancellation. 11. I/We understand that I/we may disenroll from ADA anytime by accomplishing the ADA Enrollment and Maintenance Form. I/We agree that it is my/our responsibility to notify the BILLER/COMPANY in case of my/our disenrollment from ADA. 12. I/We understand and agree that the BANK shall not be liable for any debits made against my/our enrolled account initiated by the BILLER/COMPANY in case the subscription/contract of the SUBSCRIBER with the BILLER/COMPANY is already cancelled/terminated and no disenrollment from ADA was made. 13. I/We acknowledge that all transactions made through the ADA, including enrollment of the account number specified in this form, are done with my/our consent and/or the principal I/we represent as evidenced by my/our signature(s) in this ADA Enrollment and Maintenance Form. 14. I/We understand and agree that the terms and conditions that apply to my/our enrolled account which are not inconsistent herewith shall remain in full force and effect. 15. I/We understand that this arrangement shall be governed by all applicable rules and regulations of the BANK, the Bangko Sentral ng Pilipinas and other regulatory agencies or central monitoring body or entity. 	

BILLER
Received By/Date

CBC: Biller's Maintaining Branch	
Branch Name	
Received/Processed By/Date	Approved By/Date
Remarks	

CBC: Cash Management Services Division	
Corporate Code	
Received By/Date	Processed By/Date
Checked By/Date	