PNB AUTO-DEBIT ARRANGEM							
PLEASE PRINT ALL INFORMATION			DATE:				
	AC	CCOUNTHOLDER/SUBSCRI	BER INFORMATION				
IAME (LAST)		(FIRST)			(MIDDLE)		
ADDRESS							
ACCOUNT NUMBER (DEBIT ACCOUNT)	ACCOUNT NAME	ACCOUNT INFOR	MATION MAINTAINING BRANCH		ACCOUNT TYPE		
					SAVINGS	CHECKING	
	INS	STITUTION/BILLER REFERE	ENCE INFORMATION				
NAME OF BILLER			BILLER ACCOUNT NO.				
By signing here, I/we read, understood and agreed to the	terms and conditions as cited below govern	ning the Automatic Debit Arra	ngement.				
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Authorized Signatory or Accounthology	der's Signature Over Printed Name		Authorized S	ignatory or Accounth	older's Signature Over I	Printed Name	
		FOR PNB-MAINTAINING BR	ANCH USE ONLY				
INSTITUTION'S FC CIF ID	PROCESSED BY/SIGNATURE VE	ERIFIED BY			APPROVED BY		
2. ADA requires the enrollment of charges/membership dues through a charges/membership dues/statemer. 3. The Bank is hereby authorized to charges/membership dues/statemer. 4. The Accountholder likewise hereby a authorized representative of its Biller the disclosure of such Account Numl Secrecy of Bank Deposits Act, relatives. 5. Any party may cancel or terminate the fees and charges payable to PNB. 6. The Accountholder shall hold PNB fees/membership fees/statements of the party appears of the party appears of the property appears of the party a	a direct debit facility. o automatically deduct from this of account/s as may be inst authorizes the Bank to disclose Name of Company Der (Debit Account) and hereby we to such disclosure. The ADA privileges or this enrol free and harmless from any of account and such other amounts	the enrolled account ructed by the Biller. The Account Number. The Account Number and Claim or the Account Number and Claim, damage or expectation.	int/s of the Accountholders the country of the Account) as specifically der shall hold the Bank free and action the Accountholder may be action the Accountholder may be action the other than the country of the other than the country of the Account holder may be action the Account holder may be action the Account holder may be action to the Account holder may be action to the Account holders the country of the Account holders the Account holde	he total amou provided by the d harmless from have pursuant party prior to to	nt of bills/premine Accountholder nany loss and date to Republic Act (ermination date v	ums/service fees a herein to the amage resulting from RA) No. 1405, the without prejudice to the	
PINDAGTO-DEBIT ARRANGEM	AUTO-DEBIT ARRANGEMENT ENROLLMENT FORM			DATE:			
	A	CCOUNTHOLDER/SUBSCR	IBER INFORMATION				
NAME							
(LAST) (FIRST) DRESS		ST)		(MIDI	DLE)		
		ACCOUNT INFORMATION IMAINTAINING BRANCH			LOCALINE TUPE		
ACCOUNT NUMBER (DEBIT ACCOUNT)	ACCOUNT NAME		MAINTAINING BRANCH		ACCOUNT TYPE SAVINGS	CHECKING	
	IN	STITUTION/BILLER REFER	FNCE INFORMATION				
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Authorized Signatory or Accountholo	der's Signature Over Printed Name		Authorized S	ignatory or Accounth	older's Signature Over I	Printed Name	
	-	FOR PNB-MAINTAINING BE		,			
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INSTITUTION'S FC CIF ID	PROCESSED BY/SIGNATURE VE		ANGII USE UNEI		APPROVED BY		

fees and charges payable to PNB. The Accountholder shall hold PNB free and harmless from any claim, damage or expense of whatever nature in case PNB fails or refuses to pay bills/premiums/service fees/membership fees/statements of account and such other amounts due to the Biller in the event of force majeure.

Revised 11/2012, Form 2208

the disclosure of such Account Number (Debit Account) and hereby waives any claim or action the Accountholder may have pursuant to Republic Act (RA) No. 1405, the

Any party may cancel or terminate the ADA privileges or this enrollment subject to a 30-day written notice to the other party prior to termination date without prejudice to the

Secrecy of Bank Deposits Act, relative to such disclosure.