

AUTHORITY TO DEBIT ACCOUNT

ACCOUNTHOLDER INFORMATION		
Name of Accountholder		
<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account	Account Number	Branch of Account
ENROLLMENT INFORMATION		
Policy Owner <input type="checkbox"/> Policy Owner is the same as the Name of the Accountholder		
Policy Number	Mobile Number and E-Mail Address	
<p>I/We instruct and authorize LAND BANK OF THE PHILIPPINES (LANDBANK) to debit my/our Savings/Current Account listed above in the amount of P_____ every month starting _____ representing payments for PHILIPPINE AXA LIFE INSURANCE CORPORATION (AXA Philippines). This instruction shall continue to be in effect until revoked in writing by the undersigned conformed to by AXA Philippines, communicated in writing and duly received by LANDBANK.</p> <p>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 on 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 AXA Philippines.</p>		
_____	_____	
Accountholder's Signature over Printed Name	Policy Owner's Signature over Printed Name	
Date: _____	Date: _____	
TERMS AND CONDITIONS		
<ol style="list-style-type: none"> 1. I/We agree to waive the application of R.A. 1405 (Secrecy of Bank Deposits Law) and hereby authorize LANDBANK to disclose to AXA Philippines only those matters pertaining to any of my/our linked or depository accounts as may be necessary for the operation of this ADA. 2. 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 AXA Philippines will not consider my bill to be paid. In such cases, I/we shall make a timely separate arrangement with AXA Philippines for the settlement of the bill due. 3. Any discrepancy between the billing amount and the debited amount shall be resolved between LANDBANK and AXA Philippines. 4. Payments made shall be for current dues/bills only. Payments for past due or overdue accounts with termination of policy shall be made directly to AXA Philippines. 5. The ADA Agreement between LANDBANK and AXA Philippines may be cancelled at anytime upon thirty (30) days prior written notice by either party without need of prior written notice of termination to me/us. 6. This arrangement shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas. 7. All terms and conditions of my/our existing Savings/Current Account agreement with LANDBANK insofar as not inconsistent herewith shall remain in full force and effect. 8. For joint 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. 9. I/We agree to indemnify AXA Philippines or its duly authorized representatives for any damages, attorneys' fees or costs incurred from any suit or dispute that will arise from this ADA owing to my/our failure to disclose material facts about the deposit account, or my/our failure to obtain consent of any of my/our dependents, beneficiaries or any other party with whom I/we are under obligation to disclose any terms and conditions under the Policy or this ADA. The indemnity shall be without prejudice to the right of AXA Philippines to avail of the appropriate criminal and civil remedies in order to protect its interest. 10. I/We shall hold LANDBANK or any of its officers and employees free and harmless from any claim or liability and shall indemnify the latter for any liability it or they may be held liable or for whatever damage or prejudice it or they may suffer arising out or in connection with the implementation of this ADA of any Agreement related thereto. 		
FOR BANK'S USE ONLY		
Accountholder's Branch of Account	AXA Philippines' Depository Branch	
Received By/Date:	Received By/Date:	
Signature Verified By/Date:	Processed By/Date:	
Approved By/Date:	Approved By/Date:	
Remarks:	Remarks:	