

BILLING COMPANY			
Name of Billing Company AXA Philippines		Product/Service Type Insurance	
ENROLLEE			
Name of Enrolling Client		Contact Number	Email Address
Account Number to be debited	Account Type <input type="checkbox"/> SA <input type="checkbox"/> CA		PSBank Branch
Relationship of Account Owner to Policy owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Others; please specify: _____			
BILLING DETAILS			
Policy Number		Policy Owner/Insured	
Frequency and Coverage Period <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual			
TERMS AND CONDITIONS FOR ENROLLMENT UNDER PSBANK'S CORPORATE INTERNET BANKING AUTOMATIC DEBIT ARRANGEMENT			
<p>I/We, as client/s of AXA Philippines with Policy Number/s stated above, hereby agree and bind myself/ourselves to the following terms and conditions in relation to my/our current/savings account maintained with PSBANK :</p> <p>1. I/we am/are authorizing PSBANK to debit the cleared and withdrawable funds of my/our abovementioned account in payment of the premiums due to the above-mentioned issued policy. The amount to be debited and the frequency of debiting that I/we indicated above shall be binding against me/us. The amount successfully debited to my/our account as payment of the premium for the insurance policy identified above shall be subject to AXA's policy on payment posting.</p> <p>2. I/we shall notify PSBANK immediately of any and all changes in my/our enrolled Policy Number/s.</p> <p>3. I/we authorize PSBank to process and/or disclose to AXA, which is also authorized to receive, relevant information of my/our abovementioned account, including but not limited to its status/existence, enrollment to this ADA facility, cancellation/termination of such enrollment, and reason for debit rejection, in so far as such disclosure may be required or necessary in the implementation of this ADA facility and in order for PSBank to enforce its rights or perform its obligations under its relevant agreement with AXA. In granting this authority, I/we hereby waive my/our rights to confidentiality and privacy under Republic Act No. 1405 (Bank Secrecy Law), Republic Act No. 10173 (Data Privacy Act) and other applicable laws, which may be in conflict with PSBank in carrying out said authority.</p> <p>4. Consistent unposting/non-debiting of my/our account due to unavailability/insufficiency of funds is a ground for the immediate revocation/cancellation of this debit arrangement even without prior notice to me/us. The ADA facility is subject to the policy of PSBank and may be cancelled at anytime by PSBank without need of prior written notice of termination to me/us. I/we hereby hold PSBANK, its officers and employees harmless and free from any claim or liability arising from the implementation of this ADA facility, and any interruption or suspension of the facility due to technical or mechanical causes and/or errors.</p> <p>5. In the absence of any gross negligence or willful misconduct committed by PSBANK, any discrepancy between the amount actually debited from my/our account and the amount reflected in the billing reference shall be resolved between AXA and myself/ourselves as the client.</p> <p>6. I/we authorize PSBANK to reverse any crediting/debiting to my/our account and shall reimburse PSBANK if, at the time of reversal, the balance of my account is not sufficient to effect the reversal.</p> <p>7. Payments for past due or overdue accounts with termination of policy/contract shall be made directly to AXA.</p> <p>8. For joint/corporate accounts, it is hereby understood and agreed that all transactions to be made by any of us through this Facility are done with the consent of my/our co-depositors/corporation.</p> <p>9. This authorization shall be on a continuing basis unless cancelled by the undersigned in writing or as determined by AXA.</p> <p>10. If the policy indicated above is currently enrolled in another payment arrangement with AXA, I/we shall contact AXA to amend /change/cancel said existing payment arrangement after successful enrollment to this Facility to avoid multiple billing/debit.</p> <p>11. I/We declare that the enrolled account above is under the name of the Policy owner or his/her immediate family member.</p> <p>12. I/We understand that this Facility is being administered by PSBank.</p>			
_____ Depositor's Signature Over Printed Name		_____ Depositor's Signature Over Printed Name	
FOR BANKS USE ONLY			
Signature verified by:  Signature Over Printed Name		Approved by:  Signature Over Printed Name	