



**PNB**

**AUTO-DEBIT ARRANGEMENT ENROLLMENT & MAINTENANCE FORM (BILLS PAYMENT)**

PLEASE PRINT ALL INFORMATION

BRANCH: \_\_\_\_\_

\* DATE: \_\_\_\_\_

USER OF FORMS:  INDIVIDUAL  CORPORATE TYPE OF REQUEST:  NEW  AMEND  CANCEL

MM-DD-YYYY

**ACCOUNTHOLDER/SUBSCRIBER INFORMATION**

NAME/COMPANY NAME * (If Authorized Withholding Agent (AWA) of BIR, payor should be registered customer of MERCHANT)	CORPORATE TAX IDENTIFICATION NUMBER For Corporate Clients Only - - - - -
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ADDRESS *	ZIP CODE
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NAME OF MERCHANT \*

Please indicate the MERCHANT SUBSCRIBER NUMBER/S you wish to pay using the Facility * 1. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 2. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 3. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 4. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 5. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Please indicate at least one (1) email address to receive ADA-related notifications 1. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 2. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 3. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 4. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE 5. _____ <input type="checkbox"/> ADD <input type="checkbox"/> DELETE
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- If enrolling more than five (5) accounts, please use a separate sheet/form.
- In case of amendment/s, please indicate details (Merchant Subscriber Number/Email address/CWT signatory) you wish to change and new details to be added.

**DEPOSIT ACCOUNT INFORMATION**

ACCOUNT NAME *	ACCOUNT NUMBER (Debit Account) *	ACCOUNT TYPE * <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
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**CERTIFICATE OF CREDITABLE TAX WITHHELD AT SOURCE (CWT - BIR FORM 2307) PRINTING FACILITY**

Are you an Authorized Withholding Agent of BIR? <input type="checkbox"/> YES <input type="checkbox"/> NO	• If yes, you will be enrolled in the CWT Printing facility, as required by MERCHANT. Please provide the details of your authorized signatory/ies for the BIR Form 2307.
FULL NAME _____ TITLE/POSITION _____ EMAIL ADDRESS _____ TIN of CWT Signatory - - - - -	SPECIMEN SIGNATURE (PLEASE SIGN WITHIN THE BOX PROVIDED) <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

CWT Printing is only available for Corporate Clients of selected MERCHANT/s that availed of this facility.

By signing below, I/we confirm that I/we have read, understood, and agreed to the terms and conditions cited below governing the Automatic Debit Arrangement.

\_\_\_\_\_

\* Accountholder's Signature over Printed Name and Date

\_\_\_\_\_

Accountholder's Signature over Printed Name and Date

**FOR PNB BRANCH USE ONLY**

MERCHANT'S CIF ID	PROCESSED BY/SIGNATURE VERIFIED BY _____ Signature over Printed Name and Date	APPROVED BY _____ Signature over Printed Name and Date
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**TERMS AND CONDITIONS**

- AUTO DEBIT ARRANGEMENT**
- The Auto Debit Arrangement (ADA) is an automated payment facility for individuals or business entities wherein as the enrolled Accountholder/s ("payors"), the individual or business entity is allowed to settle or pay, among others, bills/premiums/service fees and charges/membership dues ("payables") by authorizing PNB to charge the amount thereof against the enrolled current/savings account/s of the Accountholder/s maintained with PNB (the "Debit Account").
  - The Accountholder hereby authorizes PNB to automatically deduct from the Debit Account the total amount of payables due to Merchant and/or PNB for the ADA transaction. For this purpose, the Accountholder agrees to fund the Debit Account at least one (1) day before billing due date.
  - The Accountholder likewise hereby authorizes PNB to disclose the Debit Account to Merchant. The Accountholder shall hold PNB free and harmless from any loss and damage resulting from the disclosure of the Debit Account and hereby waives any claim or action the Accountholder may have pursuant to Republic Act (R.A.) No. 1405, the Secrecy of Bank Deposits Act, as amended, and other related laws relative to such disclosure.
  - The Accountholder likewise hereby authorizes PNB to send email notifications to the Accountholder in connection with this ADA enrollment. It is the Accountholder's responsibility to ensure that the email address provided is valid and active.
  - The amount given by Merchant to be debited from the Accountholder's account shall be final and conclusive insofar as PNB is concerned and any complaints regarding any debit transaction under this ADA or any discrepancy whatsoever, shall be taken up by the Accountholder directly with Merchant.
  - Payments made shall be for current payables only. Payments for past due or overdue accounts with service disconnection/ termination or lapsed policy/ contract shall be made directly to the collection office of Merchant.
  - PNB shall not be obligated to present any evidence of payment to the Accountholder. The Accountholder's bank statement showing a debit from the account shall be considered such evidence. It shall be the responsibility of Merchant to issue its official receipt upon request of the Accountholder.
  - PNB, with prior notice to the Accountholder, may in the future impose charges on this arrangement within legal and regulatory limits.
  - It is hereby understood and agreed that all payment transactions to Merchant through this ADA are duly authorized by the Accountholder.
  - Any party may cancel or terminate the ADA with a written notice subject to the prescribed period given by Merchant without prejudice to the fees and charges payable to PNB.
  - The Accountholder shall hold PNB free and harmless from any claim, damage or expense in case PNB fails or refuses to remit payables due to Merchant in the event of force majeure.
  - It is understood and agreed that except for acts of fraud or gross negligence committed by PNB's authorized representatives, and or employees, PNB shall not be liable for any and all liabilities, claims, demands, suits of whatever nature, arising out of or in connection with the implementation of the arrangement. Furthermore, the payor shall hold PNB free and harmless for failure to implement the ADA due to an act or omission of Merchant or the payor itself/ herself/himself. Failure of the payor to fund the Debit Account before the billing due date may result in disconnection of service by Merchant.