Metrobank	**AUTHORIZATION TO DEBIT ACCOUNT (ATDA)**	Date:

BILLING COMPANY	
Name of BILLING COMPANY (account to be **HC CONSUMER FINANCE PHILIPPINES INC**	Servicing Branch **Tordesillas Branch**
ENROLLEE	
Name of ENROLLING CLIENT (account to be	Depository Branch
Billing Reference No. ☐☐☐☐☐☐☐☐☐☐0 1	Contact Person and Number/s
BILLING DETAILS	
Peso Account to be Debited ☐ Current ☐ Regular-SA ☐ ATM-SA	Account Name
Account Number	Frequency/Schedule of Debit

I/We, a client of the above BILLING COMPANY with Billing Reference Number Stated above, hereby agree and bind myself/ourselves to the following terms and conditions in relation to my/our current/savings account maintained with METRO BANK:

1. I/we am/are authorizing METROBANK to debit the cleared and withdrawable funds of my/our abovementioned account in payment of the bills due to the BILLING COMPANY. The amount to be debited and the frequency of debiting that will be provided by the BILLING COMPANY to METROBANK shall be binding against me/us.
2. I/we shall notify METROBANK immediately of any and all changes in my/our billing reference number(s).
3. For purposes of this arrangement, I/we agree to waive the application of Republic Act 1405 (Secrecy of Bank Deposits Law) and hereby authorize METROBANK to disclose to the BILLING COMPANY any information pertaining to my/our aforementioned account as may be necessary for the implementation of this agreement.
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.
5. In the absence of any gross negligence or willful misconduct committed by METROBANK, any discrepancy between the amount actually debited from my/our account and the amount reflected in the billing reference shall be resolved between the BILLING COMPANY and myself/ourselves as the client.
6. I/we authorize METROBANK to reverse any crediting/debiting to my/our account and shall reimburse METROBANK if, at the time of reversal, the balance of my account is not sufficient to effect the reversal.
7. The ATDA agreement between METROBANK and the BILLING COMPANY may be cancelled anytime by either party without need of prior written notice of termination to me/us.
8. This authorization shall be on a continuing basis unless cancelled by the undersigned in writing or as determined by the BILLING COMPANY.

NOTE: PLEASE MAKE SURE THAT YOUR SIGNATURE MATCHES THE SIGNATURE IN YOUR CUSTOMER SIGNATURE CARD. OTHERWISE IT WILL BE REJECTED.

_____ Client's Signature Over Printed Name

_____ Client's Signature Over Printed Name

FOR BANK'S USE ONLY		
Signature Verified by: Signature / Date	Processed by: Signature / Date	Approved by: Signature / Date

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