AUTOMATIC DEBIT ARRANGEMENT (ADA) ENROLLMENT FORM

I. BILLER / ADA CORPORATE CLIENT	HC CONSUMER FINANCE PHILIPPINES. INC
II. PAYOR PAYMENT INFORMATION	
PAYOR'S NAME:	
REFERENCE/SUBSCRIBER/CUSTOMER NUMBER:	0 1
III. DEPOSITOR ACCOUNT INFORMATION	
TYPE OF ACCOUNT:	☐ SAVINGS ☐ CURRENT
RCBC ACCOUNT NAME:	
RCBC ACCOUNT NUMBER:	0 0 0 0 0 0
MAINTAINING BRANCH	
CONTACT NUMBER:	
EMAIL ADDRESS:	

TERMS AND CONDITIONS:

1. I/We am/are authorizing the above BILLER to automatically debit my/our bank account/s via RCBC Online Corporate (ROC) stated herein in payment of the BILLER's billing statement corresponding to the payor code designated herein, on the date to be advised by the BILLER.
2. I/We need not be the owner/s of the herein enumerated payor code with the BILLER, and as stated in the BILLER's billing statement.
3. Debits from my/our account/s in payment to the BILLER's billing statement shall be against cleared and sufficient balances only for purposes of this ADA. If on the scheduled debit date, the balance of my/our account/s is not sufficient to cover the billing or if the balance is only composed of uncleared deposits, any amount due shall be settled by me/us directly to the BILLER. I/We hereby authorize RCBC to disclose to the BILLER any matter pertaining to the aforementioned Current or Savings Account as may be deemed necessary for the operation of this ADA, and hereby waive my/our rights under Republic Act No. 1405, as amended and Republic Act No. 6426, relative to the confidentiality of bank deposits.
4. The amount specified by the BILLER to be debited from my/our account/s shall be final and conclusive insofar as RCBC is concerned, and that any discrepancy between the amount indicated in the billing statement and the actual debited amount shall be taken up by me/us directly with the BILLER.
5. It will take a minimum of five (5) banking days from submission of enrolment form to RCBC for the enrolment to be completely processed. Provided that, the enrolment form is received by RCBC not later than 11:00 noon. I/we hereby hold RCBC free and harmless for any delay that may occur in the enrollment of this ADA facility, due to system offline, force majeure, incomplete or incorrect information or any deficiency/ies in my/our Current or Savings Account that will delay the verification and processing of this ADA enrolment.
6. RCBC shall not be obliged to present any evidence of my/our payment to the BILLER other than the RCBC Bank Statement of the BILLER.
7. For joint accounts, it is hereby understood, and I/we warrant that all transactions to be made pursuant to this ADA are done with the consent and approval of my/our co-depositors, as evidenced by their conforme below.
8. I/We agree that the information I/we provided herein, including any updates if available, will be processed and/or retained for the purpose of assigning my / our / the company's account as mentioned above.
9. That the information in this form shall be retained for a period of time as required by the above purpose or as allowed under applicable laws, rules, and regulations.
10. I/We acknowledge that I/We have the right to access and correct the information I/we provided.
11. I/We hereby authorize (a) the BILLER to disenroll or cancel this ADA from RCBC ROC anytime and (b) RCBC to honor the BILLER's instruction to disenroll or cancel this ADA without need of any prior notice to or confirmation from me. I/We hereby waive submission of Disenrollment/Cancellation form and/or instruction to cover the disenrollment / cancellation to be processed by the BILLER. I acknowledge that the disenrollment or cancellation of this ADA will cause RCBC to cease debiting my account for all amounts that I may owe to the BILLER as described in this ADA. I further undertake to notify the BILLER if, at any time and for any reason, I desire to be disenrolled from or to cancel this ADA and acknowledge that RCBC will be unable to process such request for disenrollment or cancellation without the BILLER's assent.
12. In cases of system downtime and force majeure (events which are beyond the control of any of the parties which may occur by chance or accident from natural or man-made forces such as, but not limited to, fire, flood, storm and other natural calamities, acts of public authorities, labor/transport strikes or epidemics) which may cause the delay in processing the automatic debit transactions, the same will be processed as soon as the system is available.
13. This arrangement and the Current/Savings Account referred to herein, is covered by and shall continue to be governed by the policies (and any amendments thereto) of RCBC and the Bankers Association of the Philippines, as well as the rules and regulations of the Bangko Sentral ng Pilipinas and Anti-Money Laundering Act including its revised implementing rules and regulations.
14. I/We hereby agree to hold RCBC and/or any of its directors, officers, employees or representatives free and harmless from any and all actions, claims, suits, liabilities, obligations or damage of whatever kind, and shall indemnify RCBC and/or its directors, officers, employees or representatives upon demand, for all losses, damages and expenses that any one of them may suffer or incur, arising from or in connection with this ADA, the performance of RCBC of its obligations herein or the failure to implement this ADA due to oversight or inadvertence.
15. Should any provision herein be declared illegal, void or unenforceable, or otherwise invalid by any law, decree, ordinance, judicial or administrative decision, the validity or enforceability of the rest of the provisions shall not be affected.
16. Any complaint regarding the use of this ADA facility shall be communicated to RCBC Customer Contact Center at 877-7222, via e-mail at customercontact@rcbc.com, by contacting the respective Relationship Manager/Account Officer or by visiting the Issuing Branch.

CONFORME:
I/We hereby consent to the foregoing and the debiting of our account as indicated above, pursuant to the terms and conditions as reflected herein.

[ ] I authorize BILLER to electronically scan and/or reproduce this ADA and furnish a copy to RCBC.
By ticking the box above, I/we acknowledge possession of the original copy of this ADA, which I/we accomplished and signed in the BILLER's premises. I/we further authorize RCBC to rely upon and accept as an original any scanned copy, photocopy, or such other electronic copy of this ADA, which is received by RCBC from the BILLER in any manner, including through electronic mail or any other electronic means, and which RCBC reasonably believes to have been signed by me/us. In the event of any claim, complaint, case, or dispute before any court, government agency, or quasi-judicial body involving this ADA or the transaction authorized herein, I/we hereby waive my right to require the presentation of the original hereof by RCBC.

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CO-DEPOSITOR'S NAME AND SIGNATURE **DEPOSITOR'S NAME AND SIGNATURE**