

## **AUTHORIZATION FORM FOR AUTO-DEBIT ARRANGEMENT**

Accountholder Name			Date
Accountholder Address			Ţ
Court at Niverbarr		Farail Address	
Contact Numbers		Email Address	
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DEBIT / PAYMENT DETAILS Authority Type		Account to be Debited / Enrolled	Debit Account
Enroll Delete/	Cancel	<b>√</b> 0	
Payee Name HC CONSUMER FINANCE PHILIPPINES INC.  Subscriber Number / Reference Number / Payer Number			
Account to be Credited / Payee's Account  040838003610			
DECLARATION			
I/We acknowledge that this Authorization is provided for the benefit of <u>HC CONSUMER FINANCE PHILIPPINES INC.</u> (name of payee) as the "Payee" and BDO NETWORK BANK, INC. as the "Bank", who have entered into an agreement whereby the Bank will facilitate the collection of my/our payee's/payees' billings to me/us via auto debit from my/our account/s specified herein.			
I/We hereby authorize HC CONSUMER FINANCE PHILIPPINES INC. (name of payee) to initiate and BDO NETWORK BANK, INC. to debit or cause to be debited my/our Account from time to time without need of any further act and deed, as described in the collection instruction/billing file as may be transmitted by my/our payee/s to the Bank or through the Bank's internet banking facility from time to time in accordance with the terms of the agreement of the Payee and the Bank. Amounts debited from my/our account will be automatically credited to Payee's/Payees' deposit account/s with the Bank. I/We hereby agree to waive a separate notice of debit other than that reflected in my/our bank statement.			
The Bank is hereby authorized to disclose to the Payee such information as may be necessary to implement this arrangement. I/we understand that only the account's cleared and available balance for withdrawal shall be debited. In the event that there is insufficient balance, the Payee may initiate debit charges against the said bank account as it deems necessary and at its sole discretion. If no amount was debited from the account due to insufficient balance, termination of account or other reason as advised by the Bank, the Payee shall not consider the debit or payment details to have been implemented, and I/we will have to make separate arrangement directly with the Payee to keep this arrangement in force. I/We agree that I/we shall be solely liable for all damages and losses, if any, to the payee for non payment due to insufficient balance, delay due to discrepancy of accounts, and other similar circumstances. Any claim which may arise from any discrepancy between the amount/s debited from my/our enrolled account/s and that stated in my/our Payee's/s' collection instruction/billing file shall be resolved with my/our Payee/s. I further understand and agree that constant unsuccessful debiting of my account due to insufficiency of funds shall be a valid ground for the immediate cancellation of this arrangement even without prior notice. Payments for past due and overdue accounts with service disconnection/termination/repossession or policy/contract lapsation shall be made directly to the Payee.			
For enrolled joint "or" account/s, I/we agree and understand that any and all transaction done by me/us/any of us through this arrangement are done with the consent of all of my/our co-depositors. Further, I/we declare under the penalties of perjury that all of my/our co-depositor/s is/are still living at the time of such transaction. For enrolled corporate account/s, I/we hereby agree that the auto debit transactions are authorized by my/our company's board resolution covering my/our account maintenance with the Bank.			
I/We hereby expressly waive my/our rights under the Law on Secrecy on Bank Deposits (RA 1405) in connection with any information which may be disclosed by the Bank to my/our Payee/s from time to time as may be necessary to implement the arrangement and in compliance with the requirements of Republic Act No. 10173 or the Data Privacy Act ("DPA"), I/we authorize the general use, sharing, and profiling of information obtained from me/us in the course of my transaction/s with BDO Network Bank, Inc. and its Related Companies, affiliates, and their respective representatives and agents, or from third parties.			
I/we hereby agree to reimburse and forever hold the Bank, its directors, officers and employees and assigns, free and harmless from any and all claims, and/or liabilities of whatever kind and nature, for checks drawn against my/our account/s but returned/dishonored as a result of the debit of the amount/s due to my/our Payee/s from my/our account/s; and arising out of or in connection with the implementation of this auto debit arrangement and/or for the Bank's failure to implement this authority due to error/s and omissions inadvertently committed.			
This arrangement shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas, Philippine Clearing House and other relevant government agencies and the same shall be subject to the pertinent provisions of the agreement between the Payee and the Bank as well as the Bank's implementing guidelines which are deemed incorporated herein by way of reference.			
This Authorization shall take effect after the Bank receives confirmation of my/our auto debit enrollment from my/our Payee/s following the date indicated above and is continuing but may be cancelled/withdrawn effective thirty (30) days after receipt by the Payee of a written notice of withdrawal from me/us. The Bank however may immediately terminate this arrangement without notice to me/us in case I/we mishandle my/our enrolled account/s in the reasonable determination of the Bank.			
I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to the Bank.  I/We declare and certify that the particulars given above are correct and complete and that I/we are authorized to enter into this agreement as the account holder/s or on behalf of the account holder/s.			
Name and Signature of Authorized Signatory	Name and Signature	of Authorized Signatory	Name and Signature of Authorized Signatory
Date		Date	 Date
FOR BANK'S USE ONLY	Signaturos/Assounts Varified L	,	Approved by
Received by	Signatures/Accounts Verified by		Approved by
Date	Date		Date