



**AUTOMATIC DEBIT ARRANGEMENT (ADA)**

**SUBSCRIBER'S INFORMATION**

✓ Account Name:	✓ Contact Number:
✓ Address:	✓ Email Address:
✓ Subscriber's Reference Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
✓ Bank Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	✓ Bank Account: <input type="checkbox"/> Savings <input type="checkbox"/> Current

**MERCHANT/BILLER'S INFORMATION**

Account Name: <b>HC CONSUMER FINANCE PHILIPPINES INC.</b>	Contact No. (02) 7753-5711
Address: 9th Floor Vertis North Corporate Center Tower 1, Barangay Bagong Pag-Asa, Quezon City	

**TERMS AND CONDITIONS**

1. I hereby authorize East West Banking Corporation (the "Bank") to debit from my Savings/Current Account, without need of any further act and deed, the Amount Payable that may be due to the MERCHANT/BILLER on Due Date and credit the same to the account of the MERCHANT/BILLER as payment for my bill. For this purpose, the MERCHANT/BILLER shall provide the Amount Payable to the Bank prior to Due Date. I recognize that the Bank may not effect this Automatic Debit Arrangement should the MERCHANT/BILLER fail to provide my Amount Payable for the relevant period.
2. This Automatic Debit Arrangement shall take effect upon approval of the Bank. This Automatic Debit Arrangement may be terminated by me only upon written notification to both the Bank and MERCHANT/BILLER.
3. I acknowledge and agree that it is my obligation to sufficiently fund the Savings/Current Account to cover the Amount Payable on Due Date. In case the Bank fails to effect the Automatic Debit Arrangement due to insufficiency of the balance of my Savings/Current Account or for any other reason, I undertake to pay the unpaid bill directly to the MERCHANT/BILLER without need of notice of nonpayment of the bill from the Bank.
4. The Bank is authorized to disclose to the MERCHANT/BILLER any matter pertaining to the status of payment as may be necessary for the operation of this Automatic Debit Arrangement. I am voluntarily waiving my rights and privileges under Republic Act No. 1405, as amended, otherwise known as the *Bank Secrecy Law*, in connection with my subject account maintained at East West Banking Corporation - \_\_\_\_\_ Store.
5. Any complaint relative to the debited amount pursuant to this Automatic Debit Arrangement shall be raised before the MERCHANT/BILLER.
6. It shall be the responsibility of the MERCHANT/BILLER to issue Official Receipt for the payment of the bill.
7. In case the bill is not paid on time, the Bank shall not be liable for any claim, damages, or expenses of whatever nature due to the disconnection of the product or service.
8. I agree to reimburse and forever hold the Bank, its directors, officers, employees and assigns free and harmless from any and all claims, action, and/or liabilities of whatever kind or nature, for any damages that I may suffer on account of the implementation by Bank of this Automatic Debit Arrangement.
9. All terms and conditions governing the maintenance of the Savings/Current Account shall remain effective and in full force and effect.
10. The foregoing terms and conditions may be amended or supplemented by the Bank from time to time.
11. By signing below, I confirm that I have read and understood the foregoing Enrollment Terms and Conditions.

I hereby acknowledge that payment of my bills through this Auto Debit Arrangement is for my own benefit and convenience.



(Authorized Signatory)  
(Signature over Printed Name)