

## AUTHORIZATION TO DEBIT ACCOUNT (ATDA)

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MET	TROPOLITAN BANK & TRUST COMPANY	OUI	(	~!L	<i>,</i> ,									
BIL	LING COMPANY													
Name of BILLING COMPANY (account to be credited)			Servicing Branch (Billing Company's Depository Branch)											
CU	STOMER INFORMATION													
Name of CUSTOMER			Branch of account											
Peso	Peso Account to be Debited			Name of ACCOUNTHOLDER										
□C	Current													
□Regular-SA			ount	Num	ber (	(13 –	digit acc	coun	t nun	nber)	)			
	ATM-SA				,			1	1	,	ı	- I		
* Pr	repaid cards and Paycards are NOT allowed for enrollment				-									
Billin	ng/Policy/Subscriber Number	Con	Contact Person and Number/s											
mys	e, a client of the above BILLING COMPANY with B self/ourselves to the following terms and conditions TROBANK:  I/we am/are authorizing METROBANK to debit the	in rela	ation	to m	ny/ou	ır cu	rrent/sav	rings	acc	ount	maii	ntaine	ed with	
	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 ar				-		-							
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.														
8.														
	TE: PLEASE MAKE SURE THAT YOUR SIGNAT SNATURE CARD.	ΓURE	MAT	(CHE	ES T	THE	SIGNAT	URE	IN	YO	JR (	CUST	OMER	
	Client's Signature Over Printed Name			Clie	nt's S	Signa	ature Ove	er Pr	inted	Nar	ne			
	FOR BANK'S USE ONLY													
Sigr	nature Verified by:	App	Approved by:											
	Signature Over Printed Name Date	Signature Over Printed Name Date												