

**AUTO-DEBIT ARRANGEMENT ENROLLMENT FORM**

PLEASE PRINT ALL INFORMATION

DATE: \_\_\_\_\_

**ACCOUNTHOLDER/SUBSCRIBER INFORMATION**

NAME		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS		

**ACCOUNT INFORMATION**

ACCOUNT NUMBER (DEBIT ACCOUNT)	ACCOUNT NAME	MAINTAINING BRANCH	ACCOUNT TYPE <input type="radio"/> SAVINGS <input type="radio"/> CHECKING
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**INSTITUTION/BILLER REFERENCE INFORMATION**

NAME OF BILLER	BILLER ACCOUNT NO.
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By signing here, I/we read, understood and agreed to the terms and conditions as cited below governing the Automatic Debit Arrangement.

\_\_\_\_\_  
Accountholder's Signature Over Printed Name\_\_\_\_\_  
Accountholder's Signature Over Printed Name**FOR PNB-MAINTAINING BRANCH USE ONLY**

INSTITUTION'S FC CIF ID	PROCESSED BY/SIGNATURE VERIFIED BY	APPROVED BY
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**Terms and Conditions**

1. The Auto Debit Arrangement (ADA) is an automated payment facility wherein the enrolled Accountholder/s are allowed to settle bills/premiums/service fees and charges/membership dues by authorizing PNB to charge the amount thereof against the current/savings account/s of the Accountholder/s maintained with PNB.
2. ADA requires the enrollment of the Accountholders' current/savings account/s with PNB as a condition for the settlement of bills/premiums/service fees and charges/membership dues through a direct debit facility.
3. The Bank is hereby authorized to automatically deduct from the enrolled account/s of the Accountholders the total amount of bills/premiums/service fees and charges/membership dues/statements of account/s as may be instructed by the biller.
4. Any party may cancel or terminate the ADA privileges or this enrollment subject to a 30-day written notice to the other party prior to termination date without prejudice to the fees and charges payable to PNB.
5. The Accountholder shall hold PNB free and harmless from any claim, damage or expense of whatever nature in case PNB fails or refuses to pay bills/premiums/service fees/membership fees/statements of account and such other amounts due to the Biller in the event of force majeure.

Form 2208

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