



AUTO-DEBIT ARRANGEMENT ENROLLMENT FORM - Regular Telemarketing EPDI

Bank Accountholder's Name		Bank Account Number: _____	Bank Name: _____
<i>*Indicate if there is "And/Or"</i>		<input type="radio"/> Savings Account <input type="radio"/> Checking Account	Bank Branch: _____
Telephone Number	Mobile Number	Email Address	
Premium Amount			Policy Number
Effective Due Date of Charging	Frequency of Billing (from date of effectivity) <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual		Duration of Billing
Bank Accountholder's Billing Address		Requirements: - ADA Form - Photocopy of Valid ID with signature	
Signed at _____ on _____.		For BOS/DAE/AE/AUTHORIZED USD Use Only	
(Place)	(Transaction Date)	Verified by:	
_____ <i>Bank Accountholder's Signature over Printed Name</i>		_____ <i>Signature over Printed Name</i>	
		Note:	

**** For Promo Sales Operations Accounts - If due date falls on a Weekend or Holiday, billing may be processed before the due date on a Regular Business Day.**

POL_ADMIN -045-0313-1

Prepare in 2 copies (1 - HO; 2 - Policyholder)



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