

**Bills Payment via Automatic Debit Arrangement
Enrollment and Amendment Form**

Enrollment

Amendment *(Note: Account No. is NOT APPLICABLE)*

I. Biller/Institution Information

Biller/Institution Name : _____

II. Subscriber Payment Information

Payor / Subscriber Number : _____

Payor / Subscriber Name : _____

RCBC Account Number : _____

RCBC Account Name : _____

E-mail Address (*mandatory*) : _____

Tel. No. / Mobile No. : _____

Enrollment Effectivity Date : _____

Mode of Payment/Frequency : _____

Amount to be debited

Total Amount Due *(per Billing Statement)*

Maximum Amount **Php** _____

Minimum Amount Due *(per Billing Statement)*

Note: Frequency and amount to be debited are subject to approval by RCBC based on the status of the account and its prevailing arrangement with the biller.

Definition of Terms:

- **Total Amount Due** – Refers to the total amount due Biller
- **Maximum** – Refers to the highest amount set by the Subscriber that can be debited from the specified RCBC account for a particular payment to the Biller.
- **Minimum Amount Due** – Refers to the minimum amount due Biller. This is normally applicable to credit card companies.

Terms and Conditions:

1. I am authorizing **RCBC** to automatically debit my bank account stated herein in payment of the **BILLER's** billing corresponding to the subscriber number(s) designated herein, on the date to be advised by the **BILLER** or date defined in this enrollment form, whichever is applicable.
2. I need not be the owner of the herein enumerated subscriber number(s) with the **BILLER**, and as stated in the **BILLER** statement of account or bill.
3. Debits from my account in payment to the **BILLER's** billing shall be against cleared and sufficient balances only for purposes of the ADA. If on the scheduled debit date, the balance of my account is not sufficient to cover the billing or if my account balance is only composed of uncleared deposits, **RCBC** shall be under no obligation to advise, remind, or notify me of such incident and I undertake to settle the amount due under any such billing directly to the **BILLER**. this purpose, I hereby authorize **RCBC** to disclose to the **BILLER** any matter pertaining to the aforementioned Current or Savings Account as may be deemed necessary for the operation of this ADA and hereby waive my rights under Republic Act No. 1405, as amended or Republic Act No. 6426, relative to the confidentiality of bank deposits.
4. The amount specified by the **BILLER** to be debited from my account shall be final and conclusive insofar as RCBC is concerned, and that any discrepancy between the amount indicated in my billing statement and the actual debited amount shall be taken up by me directly with the **BILLER**.
5. **RCBC** shall not be obliged to present any evidence of my payment to the **BILLER** other than the **RCBC** Bank Statement or Passbook showing a debit to the account.
6. For joint accounts, it is hereby understood and agreed that all transactions to be made depositors through this ADA are done with the consent of all co-depositors concerned, as evidenced by their conforme below.
7. I agree that the information provided herein, including any updates if available, will be processed and/or retained for the purpose of implementing this ADA.
8. All information in this form shall be retained for a period of time as required by the above purpose or as allowed under applicable laws, rules, and regulations.
9. I acknowledge that I have the right to access and correct the information I have provided hereunder.
10. I hereby authorize (a) the **BILLER** and/or **RCBC** to disenroll or cancel this ADA any time and (b) **RCBC** to honor the **BILLER's** instruction to disenroll or cancel this ADA without need of any prior notice to or confirmation from me. I hereby waive submission of the Disenrollment/Cancellation form and/or instruction to cover the disenrollment/cancellation to be processed by the **BILLER** and/or **RCBC**. I acknowledge that the disenrollment or cancellation of this ADA will cause **RCBC** to cease debiting my account for all amounts that I may owe to the **BILLER** as described in this ADA. I further undertake to notify the **BILLER** if, at any time and for any reason, I desire to be disenrolled from or to cancel this ADA and acknowledge that **RCBC** will be unable to process such request for disenrollment or cancellation without the **BILLER's** assent.
11. In cases of **RCBC** system downtime and force majeure (events which are beyond the control of any of the parties which may occur by chance or accident from natural or man-made forces such as, but not limited to, fire, flood, storm and other natural calamities, acts of public authorities, labor/transport strikes or epidemics) which may prevent or cause a delay in the implementation of this ADA, I agree that the same shall be processed as soon as such system becomes available.
12. This arrangement and the Current/Savings Account indicated above is covered by and shall continue to be governed by the policies (and any amendments thereto) and the the Bankers Association of the Philippines, the rules and regulations of the Bangko Sentral ng Pilipinas, and the implementing rules and regulations of the the Anti-Money Laundering Act and any amendments thereto.
13. I hereby agree to hold **RCBC** and/or any of its directors, officers, employees or representatives free and harmless from any and all actions, claims, suits, liabilities, obligations or damage of whatever kind, and undertake to indemnify **RCBC** and/or its directors, officers, employees or representatives upon demand, for all losses, damages and expenses that any one of them may suffer or incur, arising from or in connection with this ADA, the performance of **RCBC** of its obligations herein or the failure to implement this ADA due to oversight or inadvertence. Should any provision herein be declared invalid or unenforceable, the validity or enforceability of the rest of the provisions shall not be affected.



I authorize BILLER to electronically scan and/or reproduce this ADA and furnish a copy to RCBC. By ticking the box above, I acknowledge possession of a duplicate original copy of this ADA, which I accomplished and signed in the BILLER's premises. I further authorize RCBC to rely upon and accept as an original any scanned copy, photocopy, or such other electronic copy of this ADA, which is received by RCBC from the BILLER in any manner, including through electronic mail or any other electronic means, and which RCBC reasonably believes to have been signed by me. In the event of any claim, complaint, case, or dispute before any court, government agency, or quasi-judicial body involving this ADA or the transaction authorized herein, I hereby waive my right to require the presentation of the original hereof by RCBC.

DEPOSITOR'S SIGNATURE

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CONFORME: (for joint accounts)

I/We hereby consent to the foregoing and the debiting of our account as indicated above, pursuant to the terms and conditions as reflected herein.

CO-DEPOSITOR'S NAME AND SIGNATURE

CO-DEPOSITOR'S NAME AND SIGNATURE

FOR BANK'S USE ONLY		
Date of Enrollment:	Business Center:	RC Code:
Account No. Verified by:	Date:	
Approved by:	Date:	
Encoded by:	Date:	