

Auto-Debit Arrangement (ADA) Authorization Form

Name of Policy Owner as the Account Holder	Name of Account Holder if other than the Policy Owner
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Authorization

I hereby authorize Sun Life Grepa Financial, Inc. (SLGFI) to deduct/debit from my Rizal Commercial Banking Corporation (RCBC) account the premium dues of Policy No/s. _____

In case the balance of my RCBC account is insufficient on the scheduled debit date, I likewise authorize SLGFI to rebill my account on a weekly basis within thirty-one (31) days from the premium due date until my outstanding premiums have been duly paid for. If after the rebilling period outstanding premiums remain, I agree to pay the same directly to SLGFI. I understand and acknowledge that the auto-debit arrangement will resume on the next premium due date.

Signatures

Place of Signing	Date (day/month/year)
Signature of Policy Owner X	Signature of Account Holder X
Signature of Witness X	Printed Name of Witness

RCADA.01.15



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