



**UNIONBANK OF THE PHILIPPINES
AUTOMATIC DEBIT ARRANGEMENT**

Subscriber Enrollment Form for <<CLIENT NAME>> Customers

Branch of Account: _____

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|---|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Depositor / Subscriber Name | | | | | Date | | | | | | | | | | | | | | |
| Depositor Account Number to be Debited | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | |
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| Institution / Beneficiary | | | | | Subscriber Number | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> ▪ Please see Customer Reference No. indicated on <<Client Name>>'s Introductory Letter to the UnionBank Branch. ▪ Accomplish this ADA Enrollment Form in three (3) copies. | | | | | | | | | | | | | | | | | | | |

UNIONBANK OF THE PHILIPPINES

Gentlemen:

Pursuant to the Automatic Debit Arrangement Service Agreement between UNIONBANK OF THE PHILIPPINES (hereafter, "Bank") and <<CLIENT NAME>> (hereafter, "Institution"), as may be amended or supplemented which allows the Institution to collect payments for purchased goods or merchandise from its customers (hereafter, "Subscribers") by debiting of the Subscriber's deposit account maintained with the Bank (hereafter, "Debit Account") and crediting the account of the Institution (hereafter, "Collection Account") via data uploading through UNIONBANKING or via Bank diskette uploading or manual debiting arrangement (hereafter, "Facility"). For purposes of effecting my (the Subscriber) payments to the Institution through the Facility, I agree to the following:

- a. I shall abide by the Bank's rules and requirements for maintaining the Debit Account and agree to comply with the Bank's rules and requirements for use of the Facility.
- b. I hereby authorize the Bank and the Institution to have the Debit Account enrolled under the Facility to enable the Institution to collect payments through said Account. Any issue, between myself and the Institution regarding the amount actually due from me shall be resolved entirely between myself and the Institution.
- c. I hereby represent that I am a *bona fide* customer of the Institution and I am obliged to make payment to the Institution from time to time. I hereby represent that I am aware that the Institution will be able to debit to cause to debit amounts from my Debit Account through the Facility. I hereby absolutely authorize the Institution and/or Bank or their representatives to debit or cause the debiting of amounts due to inquire about the status of the Debit Account.
- d. I hereby recognize that the use of the Facility will expedite payment of my obligations to the Institution and is for my benefit and that of the Institution. In this connection, I agree to indemnify the Bank against, and keep it free and harmless from any and all liabilities, suits, damages, losses it may suffer or incur in connection with the use of the Facility, provided there is no fraud or gross negligence on the part of the Bank. It is hereby understood and agreed that all regular payment transactions to the Institution through this Facility are done with my consent.

We trust that the Bank will find the foregoing in order.

Signature of Depositor / Subscriber

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| TO THE BRANCH MANAGER: 1. Get all three copies of the ADA Form. Make sure client has accomplished all required fields and that the three copies are <u>all originally signed</u> . 2. Verify the signature of the depositor. 3. Ensure "Signature Verified" is stamped on all three copies. 4. Affix your own signature in the space provided on all three copies. 5. Retain one copy and return the two to the client. 6. To complete the ADA enrollment, send your retained copy <u>immediately</u> to UnionBank Head Office – Cash Management Services. | FOR BANK USE ONLY | |
| | Processed by: | |
| | Signature over Printed Name | Date |
| | Position / Designation | Branch |