



AutoCharge Facility (ACF) for BPI Credit Cards

Authorization Form

IMPORTANT REMINDER

Accomplish this form and prepare a copy of your valid government-issued ID and your utility bill statement of account. **To submit for enrollment, visit your nearest BPI branch or call our 24-hour BPI Contact Center at (632) 889-10000 for email instructions.** Kindly ensure that the BPI Credit Card you are nominating is active.

CARDHOLDER INFORMATION

Reminder: Kindly see to it that all information you supply in this form are consistent with the information as registered in your BPI Credit Card account.

Principal Cardholder's Name:

Supplementary Cardholder's Name:
(If applicable)

Mobile Phone Number: -

PURPOSE

I want to:

- Enroll my BPI Credit Card to the BPI AutoCharge Facility
Card Number - - - Card Expiry (MM/YY): /
- Change/Update my nominated credit card and/or card expiry
From: - - - Card Expiry (MM/YY): /
To: - - - Card Expiry (MM/YY): /
- Cancel my BPI AutoCharge Facility enrollment
Card Number - - - Card Expiry (MM/YY): /

UTILITY BILL DETAILS: MERALCO AUTOCHARGE

Account Name:

Customer Account Number:

Account Name:

Customer Account Number:

Input your 10-digit Customer Account Number found in your New Meralco Billing Statement. (See image as reference)

Your electric bill

Billing Period	Bill Date
08 Aug 2021 to 07 Sep 2021	07 Sep 2021

Customer Account Number (CAN)

1234567890

Due Date

18 Sep 2021

Please note that for Meralco, having an existing auto-charge or auto-debit enrollment with another Credit Card issuer for the same account number will result in your BPI AutoCharge enrollment request being rejected. To ensure that your enrollment request proceeds, kindly cancel your previous auto-charge or auto-debit arrangement first prior to submission.



UTILITY BILL DETAILS: GLOBE AUTOCHARGE

Account Name:

Account Number:

Account Name:

Account Number:

Input your Account Name and Account Number found in your Globe Postpaid or Globe At Home Billing Statement (See image as reference). Your Account Number is different from your Mobile or Telephone Number.

<div style="border: 1px solid black; padding: 5px; display: inline-block;">Mr. Fernando Sanchez</div> 	Bill no. 2	Page 1 of 2	
	Amount to Pay <small>(total amount due)</small>		Php 800.00
	Account Number XXXXXXXX	Primary Number XXXXXXXXXX	
	Billing Period 01/18/21 to 02/17/21	Due Date 03/07/21	

Please note that for Globe, your new BPI AutoCharge enrollment request will supersede any existing auto-charge or auto-debit enrollments with other Credit Card issuers.

SIGNATURE

By signing below, I confirm that I have read and agreed to the Terms and Conditions governing the BPI AutoCharge Facility.

Principal Cardholder's Name and Signature

Date

Supplementary Cardholder's Name and Signature (if applicable)

Date

To submit for enrollment, visit your nearest BPI branch or call our 24-hour BPI Contact Center at (632) 889-10000 for email instructions.

FOR BANK USE ONLY

Request filed through Contact Center
Service Request No. _____

Request filed through Branch
DTAS Request No. _____