

BANK OF THE PHILIPPINE ISLANDS
Automatic Debit Authorization

Date: _____

To: **BANK OF THE PHILIPPINE ISLANDS**
Loan Maintenance and Certifications Unit
Customer Care and Services Department
Loan Services and Recovery Division
Paseo de Roxas corner Dela Rosa Streets, Makati City

Re: Loan Account Number _____

I/We authorize you to debit my/our **Savings/Current Account No.** _____ maintained at **BPI** _____ **branch** for the payment of my/our monthly amortization and all such other amounts that may be due to BPI including but not limited to:

1. Insurance renewal premium in case the Bank procures the insurance
2. Insurance renewal premium in case I/we select to procure own renewal policy but fail to submit the original policy and the official receipt of premium paid on or before the expiry of the current policy.
3. Late payment and other charges

I/We agree to the following provisions of this agreement:

1. The deposit account must be funded on due date.
2. The Bank has the option not to debit this deposit account if the outstanding balance is not sufficient, cleared and available to cover the full payment of the monthly amortization and all such other amounts that may be due to the Bank in full.
3. In this case, I/we shall pay the corresponding penalties.
4. I/We can pay through any of the Bank's payment facilities if the total amount due is not debited on due date.
5. The Bank will not send debit advices since all debits will be reflected in my/our deposit statement of account.

Furthermore, I/we also authorize you to debit at your option, any or all my/our deposit accounts with BPI Family/BPI or you, whether individual, joint or in trust for and apply it to the payment of my/our obligation. In the same manner, I/we agree that the Bank will not send debit advices since all debits be reflected in my/out deposit statement of account.

This irrevocable authority shall cease upon the full settlement of this loan.

Very truly yours,

Printed name of depositor 1

Printed name of depositor 2

Signature of depositor 1

Signature of depositor 2

Home address _____

Home address _____

Contact number/s _____

Contact number/s _____

*** For clients: Please attach copy of one valid ID for each depositor.**

For BPI employee use only: Please attach STI1, STI3 and photocopy of Signature Card

Signature verified by: _____
Signature over printed name