Date:			
BPI FAMILY SAVINGS BANK (BFSB			
	Branch		
		etter of Authority Migration of EMV, Release of PIN Mailer, and	d PIN Nomination
Dear Gentlemen,			
			("authorized representative") with
contact number/s of		(whose specimen signature appears	
Family Savings Bank (BFS 2. claim and receive from B 3. nominate and change the 4. sign, execute, accomplish which BFSB may require	B) Account FSB my rep PIN in my h and subn in relation t	No. XXXX XX; lacement EMV Debit Card and the PIN maile replacement EMV Debit Card;	structions, forms, agreements, or contracts
·		tter are the following supporting document	
I hereby acknowledge and accept my EMV Debit Card as well as the Pursuant to this, I agree and unde mailer for such EMV Debit Card	mer Informa abroad of my repres the risks at PIN mailer erstand tha to my auth	sentative's valid ID with photo and signature tendant to the authorities granted to autho for such EMV Debit Card. t BFSB is fully authorized to release my repl	rized representative including the receipt of acement EMV Debit Card as well as the PIN ny liability including but not limited to any
harmless BFSB, its parent, as well any claims, suits or causes of actic any liability arising from unauthor as well as any claims for damage connection with the implementat costs of suit and attorney's fees) were designed. I hereby authorize and costs and expenses, any or all the	I as BFSB's on of whate rized use of es, expense ion of this leads to the which may be a made of the empower eir sums of	and its parents' directors, officers, employed and its parents' directors, officers, employed and its parents' present or contingent, liable the EMV Debit Card or unauthorized access or otherwise, by any other person, group etter. I further undertake to pay all costs are perincurred by the Bank for the enforcement BFSB, at its option at any time, without not money, deposits and things of value, which	dertake to fully indemnify and hold free and ees and agents (collectively "Bank") against bilities (which may include but not limited to so or withdrawal from any of my account/s), entity, or third party, arising out of or indexpenses (including but not limited to the tof this letter. The ice, to apply to the payment of such claims, in are now or which may hereafter be in the anches, as well as its parent, or any of its
Thank you for your kind considera	tion.		
Sincerely,			
		Contact Details of Principal : Email Address: Mobile Number:	Specimen Signature of Representative:
Principal		Country of Denloyment/Nature of Work	Renresentative

Signature over Printed Name

Signature over Printed Name