	Metrobank
--	-----------

## **AUTHORIZATION TO DEBIT ACCOUNT (ATDA)**

Date
------

MM / DD / YYYY

Tick (✓) the appropriate box:  ☐ NEW ENROLLMENT  ☐ UPDATE CONTACT DETAILS					
	I. BILLING COMPANY				
	ne of BILLING COMPANY/MERCHANT	Servicing Branch (Billing Company's Depository Branch)			
II. CUSTOMER INFORMATION					
Nan	ne of ACCOUNTHOLDER (account to be debited)	Account to be Debited			
13-0	digit Account Number (account to be debited)	☐ Peso current ☐ Peso ATM-SA			
		☐ Peso Regular-SA ☐ Other currency:			
		<b>NOTE:</b> The following are <b>NOT</b> allowed for enrollment:			
Brar	nch of account	* Prepaid card / cash card / pay card			
		* Payroll account (if Metrobank employee)			
Payor Reference/Billing/Policy/Subscriber Number CONTACT DETAILS					
		Name of Contact Person			
		Mobile Number			
		Email Address			
	TERMS AND CONDITIONS				
I/We, a client of the above BILLING COMPANY with Billing Reference Number stated above, hereby agree and bind myself/ourselves to the following terms and conditions in relation to my/our current/savings account maintained with METROBANK:					
1. I/we am/are authorizing METROBANK to debit the cleared and withdrawable funds of my/our abovementioned account in payment of the bills due to the BILLING COMPANY. The amount to be debited and the frequency of debiting that will be provided by the BILLING COMPANY to METROBANK shall be binding against me/us.					
2.					
3.	Consistent unposting/non-debiting of my/our account due to unavailable of this debit arrangement even without prior notice to me/us.	ility/insufficiency of funds is a ground for the immediate revocation/cancellation			
4.					
5.	·				
6.	6. The ATDA agreement between METROBANK and the BILLING COMPANY may be cancelled anytime by either party without need of prior written notice of termination to me/us.				
7.					
8. I/we shall notify METROBANK immediately in case of new or additional enrollment or any change in my/our billing reference number(s); or update in my contact details.					
9. For purposes of this arrangement, I/we agree to waive the application of Republic Act 1405 (Secrecy of Bank Deposits Law) and Republic Act No. 10173 (Data Privacy Act), and hereby authorize METROBANK to disclose the following information to the BILLING COMPANY: (a) Name of Customer/Accountholder; (b) Account Number; (c) Contact Information; and (d) any information that I provided pertaining to my/our aforementioned account, as may be necessary for the implementation of this agreement.					
10. Metrobank recognizes its responsibilities and your rights under the Data Privacy Act of 2012 (R.A. 10173). We are collecting your personal information for purposes of coordination and signature verification, as well as for contact in case of any updates. The processing and sharing of your personal information shall be in accordance with Metrobank's Privacy Policy found in our website (www.metrobank.com.ph), which you ack nowledge to have read and understood. You may revoke this authorization at any time by notifying in writing your branch of account or the bank's Data Protection Officer at <a href="mailto:dataprotectiondept@metrobank.com.ph">dataprotectiondept@metrobank.com.ph</a> . If you revoke these authorizations, it may affect the AUTHORIZATION TO DEBIT ACCOUNT (ATDA). All personal information collected will be stored in a secured location; retained in accordance with Metrobank's retention policies; and only authorized employees will have access to them. If you think that your personal data was mishandled in terms of confidentiality or integrity, or if someone tampered					
with your personal data without your consent, please do not hesitate to contact our Data Protection Officer through the following: 10 <sup>th</sup> Floor Metrobank Plaza Sen. Gil Puyat Avenue, Makati City					
Telephone Number: 63-2-8537-2882 E-mail address: <u>dataprotectiondept@metrobank.com.ph</u>					
NOTE: SIGNATURE MUST MATCH THE SIGNATURE IN YOUR CUSTOMER SIGNATURE CARD.					
NOTE: SIGNATORE MOST MATCH. THE SIGNATORE IN TOOK COSTOMER SIGNATORE CARD.					
	Customer's Signature Over Printed Name	Customer's Signature Over Printed Name			
FOR BANK USE ONLY					
Signature Verified by: Approved by:					
	Circulation Court Defined N	Signature Over Printed Name Date			
	Signature Over Printed Name Date	•			
<b>Note:</b> Please send the signed ATDA forms to OPG-SSD (5 <sup>th</sup> Floor Annex Building, Metrobank Plaza) within the day the ATDA is received from client. MB-I-M-71-t/Aug.'21					