



PNB Remittance Centers Inc.
 316 W 2nd Street Ste 701, Los Angeles, CA 90012
 Tel no. (213) 401-1008
 Fax no. (213) 403-4031

ACH AUTHORIZATION FORM

Customer/Remitter/Account Holder's Name

First Name _____

Middle Name _____

Last Name _____

Tel # _____

Date of Birth _____

ACCOUNT INFORMATION

Depository Bank _____

Bank Address _____

Bank Tel. No. _____

Bank Routing No. _____

Account Type/No. Savings Checking _____

PAYMENT INSTRUCTIONS

ONE-TIME

RECURRING

Debit my account every _____

of the month

Amount in USD \$ _____

Amount in PHP _____

Valid until _____

DD MM YY

****This amount does not reflect the additional transaction fees charged**

Please send my confirmation and official receipt via: (please check appropriate box)

Mail using my Residence Address on your file

Email using my preferred email address

Email Address _____

Select the appropriate box and indicate reference ID if applicable:

Dragonpay

Ayala Land

Other Property Developers

Others

PAYMENT DETAILS

Buyer's Name: _____

Developer Name (if applicable): _____

Contract No: _____

Property Name: _____

Unit No. or House & Lot Street Address: _____

10 Digits Dragonpay Reference No (if applicable): _____

Remarks: _____

As a PNB RCI client, you will have my records on file, which I confirm are up to date. My signature below confirms my authorization to debit my bank account indicated under Account Information for any and all my remittance instructions given to you by telephone or via email. This standing ACH debit instruction will remain in effect until I send you a cancellation notice either by email with **Subject: ACH CANCEL to: (amd@pnbrci.com, cc:rpetilla@pnbrci.com)** by fax (to **213-403-4031**) or **in person**, in the PNB RCI branch/office closest to me.
 I will instruct PNBRCI from time to time through various secured and verified means on the amount to be sent to my named beneficiary/ies.
 For as long as remittance/s is/are sent to my named/recorded beneficiary/ies, you may consider my telephone instructions as authorized official instructions without need for additional written and/or signed confirmation.
 I understand that if my bank rejects my debit instructions, I am liable to pay the **US\$35.00 return fee.**

Sign Here _____

 Date Signed

REMITTER ID & SSN INFORMATION

ID No.: _____

Expiry Date: _____

SSN: _____

Type: _____

State/Country of Issuance: _____

Personally Seen and Processed By: _____

Approved By: Manager or Head of Office _____

 SIGNATURE OVER PRINTED NAME / DATE

 SIGNATURE OVER PRINTED NAME / DATE