



# PNB

## ELECTRONIC BANKING MAINTENANCE & CANCELLATION FORM

(Branch) \_\_\_\_\_

\* **REQUIRED FIELD**

NAME OF DEPOSITOR(S)* :		DATE* : (MM / DD / YY)
MOTHER'S MAIDEN NAME* :	MOBILE NUMBER* : (Country Code + Mobile Number)	E-MAIL ADDRESS* :
PRESENT ADDRESS* :		
ELECTRONIC BANKING FACILITY* :	TYPE OF ACCOUNT* :	ACCOUNT NUMBER* :
<input type="radio"/> Phone Banking <input type="radio"/> Mobile Banking <input type="radio"/> Internet Banking	<input type="radio"/> Savings Account (SA) <input type="radio"/> Current Account (CA) <input type="radio"/> Others, pls. specify _____	_____ (Branch should verify the Account Number)

**SERVICE(S) REQUESTED:**

**A. MAINTENANCE**

<input type="checkbox"/> Change PIN	<input type="checkbox"/> Change of Email Address, pls. specify below _____
<input type="checkbox"/> Reset PIN	<input type="checkbox"/> Change of Mobile Number, pls. specify below [e.g. 63 9171234567 Mobile number in the Philippines] _____-_____ Country Code      Mobile Number      Country
<input type="checkbox"/> Reactivation of Facility Access	

**B. ENROLLMENT**

Enroll 3<sup>rd</sup> Party Account for Fund Transfer, pls. specify below

ACCOUNT NUMBER	ACCOUNT NAME
<input type="radio"/> SA <input type="radio"/> CA _____	_____
<input type="radio"/> SA <input type="radio"/> CA _____	_____
<input type="radio"/> SA <input type="radio"/> CA _____	_____
<input type="radio"/> SA <input type="radio"/> CA _____	_____

Enroll Payee/s for Bills Payment, pls. specify below **(For Mobile Banking Only)**

NAME OF INSTITUTION / MERCHANT	SUBSCRIBER NUMBER
_____	_____
_____	_____

**C. CANCELLATION (For Phone & Mobile Banking Only)**

Cancellation of Facility Services

Disenroll Account/s for Fund Transfer, pls. specify below

Disenroll Payee/s for Bills Payment, pls. specify below

ACCOUNT NUMBER	ACCOUNT NAME	NAME OF INSTITUTION / MERCHANT	SUBSCRIBER NUMBER
<input type="radio"/> SA <input type="radio"/> CA _____	_____	_____	_____
<input type="radio"/> SA <input type="radio"/> CA _____	_____	_____	_____
<input type="radio"/> SA <input type="radio"/> CA _____	_____	_____	_____

I / We hereby certify that the information given by me / us is true and correct, and that, I / we agree to the terms and conditions governing the use of the Electronic Banking Facility of the Philippine National Bank.

\_\_\_\_\_  
Signature of Depositor\*

\_\_\_\_\_  
Signature of Co-Depositor

PROCESSED BY / DATE :	APPROVED BY / DATE :	ENCODED BY / DATE :
_____	_____	_____



**Note: Please present 1 Valid ID with picture for verification.**