



**PNB Remittance Centers, Inc.**

225 W Broadway Ste 301, Glendale, CA 91204 Tel  
No. (213) 401-1008 | EFax No: (213) 401-1208

**ACH DEBIT AUTHORIZATION FORM  
(INDIVIDUAL)**

**CUSTOMER/REMITTER/ACCOUNT HOLDER'S NAME**

<b>First Name</b>	_____
<b>Last Name</b>	_____
<b>Tel. No.</b>	_____
<b>Preferred E-mail Address</b>	_____

**ACCOUNT INFORMATION**

<b>Depository Bank</b>	_____	
<b>Bank Address</b>	_____	
<b>Bank Tel. No.</b>	_____	
<b>Account Type</b>	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
<b>Account Number</b>	_____	<b>Bank Routing No.:</b> _____

**PAYMENT INSTRUCTIONS**

<input type="checkbox"/> <b>ONE-TIME</b> Please debit my account with the amount of: _____  <input type="checkbox"/> <b>VARIABLE</b> Please debit my account based on my instructions sent via email or phone.	<input type="checkbox"/> <b>RECURRING</b> Debit my account every _____ of the month Amount in <b>US\$</b> _____ plus PNBRCI remittance fee  OR Amount in <b>PHP</b> _____ Valid until: _____ <small>(converted at current PNBRCI exchange rate on date of remittance) plus PNB RCI remittance fee</small>
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Please send confirmation and official receipt via : (please check appropriate box)

Mail using my Residence Address in your file     Email using my preferred email address

**Beneficiary Name:** \_\_\_\_\_

**Bank and Account Number:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

I confirm that all of my personal information as a PNB RCI customer that are in your file are up to date. My signature below confirms my authorization to debit my bank account as instructed above for the payment of my remittance/s that are implemented by PNB RCI. If my authorization is for recurring ACH debits, it will remain valid until the date stated above unless cancelled earlier by me thru a written notice (with Subject: ACH CANCELLATION) sent by e-mail to [achteam@pnbrci.com](mailto:achteam@pnbrci.com), faxed to (213) 640-4460 or submitted in person to a PNB RCI branch/office.

I understand that if my bank rejects my debit authorization/s, I am liable to pay PNB RCI's **US\$35.00 return fee per item.**

**Sign Here** \_\_\_\_\_ **Date Signed** \_\_\_\_\_ (DD/MM/YY)

**REMITTER ID & SS INFORMATION**

<b>ID No:</b> _____	<b>Expiry Date:</b> _____	<b>SSN:</b> _____
<b>Type:</b> _____	<b>State/Country of Issuance:</b> _____	

<b>Processed By:</b> _____	<b>Approved By: Manager or Head of Office</b> _____
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\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME/DATE

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME/DATE