



AUTHORIZATION TO DEBIT ACCOUNT

This authorizes ALLIED BANK _____ branch to debit from my/our:

- Savings
- Current
- NOW

Account No. _____ under the name/s of _____ the amount of _____ (PhP/USD _____) as payment for my/our PNB Life Insurance, Inc. insurance application/policy no. _____.

I/We fully understand and agree that this authorization shall be on a continuing basis and shall be effective every premium due date, unless cancelled by the undersigned in writing or as determined by PNB Life and/or ALLIED BANK.

I/We further understand and agree that the unposting/non-debiting of my/our account due to unavailability/insufficiency of funds, or the closing of my/our account for any reason whatsoever would be a sufficient ground for ALLIED BANK to immediately revoke/cancel this debit arrangement even without prior notice to me/us.

Signature over Printed Name of Depositor

Signature over Printed Name of Depositor

Date Signed

FOR BANK USE ONLY
Signature verified by:
Approved by:

FOR HOME OFFICE USE ONLY	
Application No.	Policy No.
Policy Date	Amount of Premium
Frequency of Payments <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Premium Due Dates	

To be accomplished in four (4) copies: 1 copy for the client, 1 for Home Office, 1 for Allied Bank H.O., 1 for Branch of Account of the depositor (to be distributed after bank's approval).