# METROBANK AUTHORIZATION TO DEBIT ACCOUNT (ATDA)

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**Subject:** **Authorization to Debit Account**

Gentlemen:

This will authorize **METROBANK** _____ ***Branch*** to debit from my ___**Current** /___**Savings** ***Account Number*** _____ under the name of _____ as payment for premium due on the policy shown below:

| Name of Insured | Policy Number | Effective Date | Mode of Premium<br>☐A ☐SA ☐Q ☐M | Amount Due |
|---|---|---|---|---|
| | | | | |

I understand that the auto debit arrangement may only be extended to my immediate family members such as parents, spouse and children.

With this, I hereby authorize Philamlife to initiate debit entries to my bank account for payment of premiums due Philamlife. I understand that only the cleared and withdrawable balance of the account shall be debited. In the event there is insufficient balance on debit date, my account may be redebited as necessary. If no payment was debited from the above account due to insufficient balance, termination/cancellation of account or other reasons, Philamlife will not consider that policy premium to have been paid and I will have to pay the premium directly to Philamlife to keep the policy in force.

I also understand that I may withdraw from this premium payment arrangement effective 30 days after receipt by Philamlife of a written notice of withdrawal

Very Truly Yours,

_____ _____
Depositor's Signature over Printed Name Date

_____ _____ _____
Signature of Policyholder if different from Depositor | Relationship to the Depositor | Date

| **FOR BANK USE ONLY** | **FOR PHILAMLIFE USE ONLY** |
|---|---|
| ☐APPROVED ☐DISAPPROVED | ☐APPROVED ☐DISAPPROVED |
| Signature Over Printed Name Date | Signature Over Printed Name Date |
| Remarks : _____ | Remarks: _____ |

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