



AUTOMATIC DEBIT ARRANGEMENT (ADA)

T24 Account Type:	SAVINGS	CHECKING	T24 Account Number:	
Account Holder's Name:			Store of Account:	
Merchant/Biller:	TROO (OR) EASTWEST AGEAS LIFE INSURANCE CORPORATION 15/F One World Place 32nd Street, BGC, Taguig City			
Policy Owner's Relationship to Account Holder:				
Policy Owner's Name:			Life Insured's Name:	
Mobile Number:			Policy Number:	
Email:			Initial Premium Payable:	
Address:			Mode:	Annually Semi-Annually Quarterly Monthly

TERMS AND CONDITIONS

- I hereby authorize East West Banking Corporation (the "Bank") to debit from my Savings/Current Account, without need of any further act and deed, the Amount Payable that may be due to the Merchant/Biller on Due Date and credit the same to the account of the Merchant/Biller as payment for my bill. For this purpose, the Merchant/Biller shall provide the Amount Payable to the Bank prior to Due Date, such amount subject to change based on my renewal premium as provided in the relevant Billing Notice, when applicable. I recognize that the Bank may not affect this Automatic Debit Arrangement should the Merchant/Biller fail to provide my Amount Payable for the relevant period.
- This Automatic Debit Arrangement shall take effect either on (i) policy date; (ii) upon effectivity of this ADA form; and/or (iii) applicable modal due date of the policy; whichever is applicable.
- I acknowledge and agree that it is my obligation to sufficiently fund the Savings/Current Account to cover the Amount Payable on Due Date. In case the Bank fails to effect the Automatic Debit Arrangement due to insufficiency of the balance of my Savings/Current Account or for any other reason, I hereby authorize the Merchant/Biller to initiate succeeding debit transactions against the same Savings/Current Account to cover Amounts Payable, as it deems necessary and at its sole discretion.
- I hereby give my consent for the Bank to disclose to the Merchant/Biller any matter pertaining to the status of payment as may be necessary for the operation of this Automatic Debit Arrangement.
- Any complaint relative to the debited amount pursuant to this Automatic Debit Arrangement shall be raised to the Merchant/Biller.
- It shall be the responsibility of the Merchant/Biller to issue Official Receipt for the payment of the bill.
- In case the bill is not paid on time, the Bank shall not be liable for any claim, damages, or expenses of whatever nature due to the disconnection of the product or service.
- I agree to reimburse and forever hold the Bank, its directors, officers, employees and assigns free and harmless from any and all claims, action, and/or liabilities of whatever kind or nature, for any damages that I may suffer on account of the implementation by the Bank of this Automatic Debit Arrangement.
- All terms and conditions governing the maintenance of the Savings/Current Account shall remain effective and in full force and effect.

- The foregoing terms and conditions may be amended or supplemented by the Bank from time to time and I/we agree to be notified of such changes through notice sent to me/us through any of the following means, at the discretion of the Bank unless I/we request otherwise: (i) mailed and/or emailed notices (sent to my/our mailing or email addresses indicated in the Bank's records), (ii) notices posted at the Bank's stores or, (iii) notices in the Bank's website
- I shall notify and submit the necessary requirements with the Merchant/Biller at least one (1) month before the scheduled debit date should I decide to cancel, enroll another account, or otherwise change other details with this ADA.
- I shall notify Merchant/Biller immediately in case my enrolled account becomes inactive or otherwise cancelled to effect cancellation in the Merchant/Biller's system, enrollment of a new account, or amendment to a different payment option. Failure on my part to notify Merchant/Biller shall not entail liability on the latter in case my policy lapses or unsuccessful continuous charging for payments is made on the account.
- I shall pay the corresponding premium due plus any overdue interest through EastWest Bank's over-the-counter payment facility if my policy has lapsed or has been converted to Extended Term Insurance (ETI) or Reduced Paid-up Insurance under the Non-Forfeiture Option provision of my policy due to several unsuccessful debit attempts. If my policy remains in force, the next attempt to debit shall automatically resume on the next premium due date.
- For joint accounts, it is hereby understood and agreed that all transactions to be made by any of the undersigned in connection with the Automatic Debit Arrangement are done with the full knowledge and consent of the undersigned's co-depositor/s.
- For corporate accounts, I/we hereby agree that the Automatic Debit Arrangement is authorized by the company's board of directors through a resolution covering the account maintained with the Bank.
- By signing below, I confirm that I have read and understood the foregoing Enrollment Terms and Conditions. I hereby acknowledge that payment of my bills through this Automatic Debit Arrangement is for my/the company's own benefit and convenience.

Date: _____	For Corporate Accounts:	Account Details and Signature Verified by:	
Account Holder's Signature:	Authorized Signatory's Signature:	Service Manager:	Store Manager/Sales Officer:
_____	_____	_____	_____
(Signature over Printed name)	(Signature over Printed name)	(Signature over Printed name)	(Signature over Printed name)
		Store:	

For inquiries and feedback, you may call EastWest's 24-hour Customer Service at (+632) 8888-1700 or email service@eastwestbanker.com. EastWest is regulated by Bangko Sentral ng Pilipinas with email address at consumeraffairs@bsp.gov.ph