

MASTER APPLICATION FOR PHONE IN REMITTANCES & AUTOMATED PAYMENTS

REMITTER INFORMATION

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Tel. No. _____ Driver's License No. _____ State: _____

BANKING INFORMATION:

Name of Bank: _____ Name on Account: _____
Bank Routing No.: _____ Bank Account No.: _____

- NOTES:
1. Please attach a voided check to this form
 2. Please attach a copy of your State Driver's License or State Identification Card
 3. If you bank at a credit union, you must verify the correct Bank Routing and Account Numbers for use with a pre-authorized draft on your account
 4. You will be advised in writing when your application has been approved
 5. BDO Remittance (USA), Inc. reserved the right to withhold the service to anyone.

SECURITY IDENTIFICATION VERIFICATION

To ensure you true identity over the phone, we need you to write down two questions with corresponding answers ONLY you should know

QUESTION 1: _____ ANSWER 1: _____
QUESTION 2: _____ ANSWER 2: _____

APPLICANT'S AUTHORIZATION VERIFICATION

I hereby authorize an electronic draft on the account designated above for my remittance orders by telephone. I understand that a \$10.00 service charge will be added to each payment in the event my bank returns the electronic draft unpaid. Likewise, I acknowledge the maximum allowable limit of \$500 per transaction for each client. BDO Remittance (USA) Inc. bears no responsibility should my account be overdrawn because of any electronic draft I authorized. BDO Remittance (USA) Inc. and BDO will process my remittances in accordance with their respective policies and procedures, now or which may hereafter be adopted. BDO Remittance (USA) Inc. will not be liable for loss in the event of error in remittances due to my own breach of the security codes.

CUSTOMER RECIPIENT LIST

Please list all possible recipients for your remittances. You may add or delete any one on your list by faxing or mailing your request to BDO Rmittance (USA) Inc.

Beneficiary Name: _____
Philippine Address: Street: _____
City/Province/Zip Code: _____ Daytime Telephone: _____

Beneficiary's Deposit Account with BDO:
Branch Name: _____ Account Number: _____
/ / Dollar / / Peso

Beneficiary's Deposit Account with another bank:
Bank/Branch Name: _____ Account Number: _____
/ / Dollar / / Peso

Cash Pick-up Anywhere / /

Cash Door-to-door: / /

For office use only

Date Application Received: _____
Entered By: _____
Remitter ID Information: _____
Master Application Control no. _____