

**AUTO PAY-IN (API) AUTHORISATION FORM**



Application Date: \_\_\_\_\_

**Merchant Information**

Name of Institution/Merchant: ("MERCHANT")	
HSBC Customer ID/Institution Code	

**Payor Information**

Name of Payor:		Bank Name (HSBC or Alliance Bank) and Branch ("BANK")	
Payment Reference No. with Merchant (Policy No., Statement No., Card No.)		Bank Account No.	
Effectivity Date of Auto Debit		Debit Authority Limit	

**TERMS AND CONDITIONS**

I/We, a customer/client/payor of the Merchant indicated above, with Payment Reference No. indicated above, hereby agree/s and bind myself/ourselves to the following conditions in relation to my/our Current/Saving accounts maintained with the BANK indicated above.

1. That I/we am/are authorizing the BANK to debit my Current/Savings account number stated above for the amount stated in the instruction provide by the MERCHANT to the BANK subject to the debit authority limit indicated above.
2. That I/We agree to waive the application of R.A. 1405 (Secrecy of Bank Deposits Law) and hereby authorize the BANK to disclose to the MERCHANT only those matters pertaining to any of my/our linked or depository accounts as may be necessary for the operation of this facility.
3. That debits from my/our account in payment to MERCHANT shall be against cleared and withdrawable balances only. That in the event that there is no withdrawable balance on debit date, the billing shall be marked as a rejected transaction and returned to the MERCHANT which shall handle the collection of the payments
4. That in cases that the debit to my/our account by the BANK as instructed by the MERCHANT appears to be incorrect after the debit has already been made, I/we agree to claim such amount from the MERCHANT directly.
5. That the API facility between the BANK and the MERCHANT may be cancelled at anytime by either party without need of prior written notice of termination to me/us.
6. That this arrangement shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas. That all terms and conditions of my/our existing current/savings account agreement(s) with the BANK insofar as not inconsistent herewith shall remain in full force and effect.
7. That the BANK may in the future impose charges on this arrangement within legal and regulatory limits;
8. That I/We hold the BANK and other members of the BANK as well as any of their officers and representatives free and harmless from any and all liabilities, claims, demands, suits, of whatever nature, arising out of or in connection with the implementation of this arrangement, including any and all errors and/or omissions inadvertently committed resulting to the Bank's failure to effect any payment transaction that I/We may undertake via the API facility.
9. That I/We hereby agree to waive separate notice of debit other than that reflected in the Bank's statement.
10. That for joint/corporate accounts, it is hereby understood and agreed that all transactions to be made by any of us through this API facility are done with the consent of my/our co-depositors/corporation.

This instruction shall be in effect until revoked in writing by the undersigned provided to the MERCHANT and the BANK not less than 1 month prior to the termination date.

I/We hereby certify that the above facts are true and correct.

I/We hereby agree to be governed by the terms and conditions of the API facility printed at this form, a copy of which is hereby acknowledged to have been received by me/us.

\_\_\_\_\_  
Signature over Printed Name of CUSTOMER

\_\_\_\_\_  
Signature over Printed Name of CUSTOMER

CERTIFIED TRUE & CORRECT BY THE MERCHANT:

\_\_\_\_\_  
Signature over Printed Name of Authorised Representative of MERCHANT

**FOR BANK USE ONLY:**

Date Enrolled	MERCHANT CODE	Signature Verified By	Approved By