



**AUTHORIZATION LETTER  
EMV CARD REPLACEMENT**

Date:

To whom it may concern:

This is to authorize Mr./Ms. \_\_\_\_\_ (“Authorized Representative”) whose signature, ID details, and contact number appear below, to claim and pick up on my behalf the ATM Card and PIN for Savings Account/MyWallet Number indicated below from RCBC Branch \_\_\_\_\_.

(Full Name)

(Branch Name)

Name of Authorized Representative: \_\_\_\_\_  
(Signature above printed name)

Valid ID Presented: \_\_\_\_\_

Contact Number: \_\_\_\_\_

I further authorize my representative to submit the following on my behalf:

1. Printed Copy of my valid ID; and
2. Copy of the duly-accomplished Customer Relationship Form (CRF) with my signature.

I acknowledge that my request herein shall be subject to RCBC’s internal policies, procedures and general terms and conditions. I shall not hold the Bank liable or authorize any person or party to file a case before any court of law or any other government agency regarding any matter incident to, arising out of, or in connection with any transaction performed by my Authorized Representative prior to receipt by the Bank of written proof of my revocation of this Authorization Letter or of actual knowledge of my death or legal incapacity.

Very truly yours,

Account holder: \_\_\_\_\_  
(Signature above printed name)

Savings Account Number/MyWallet Card Number: \_\_\_\_\_

Received by: \_\_\_\_\_  
(Authorized Representative’s Signature)