

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_  
Last
First
M.I.

I/We hereby authorize the following representative(s) whose specimen signature and contact number appear below to perform the following in my/our behalf:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Confirm my/our cash withdrawal or check encashment/s.<br><input type="checkbox"/> Confirm debit account instruction<br><input type="checkbox"/> Confirm our application for manager's check, demand draft, and telegraphic transfer issuance<br><input type="checkbox"/> Inquire on my/our account balance/s | <input type="checkbox"/> Pick-up<br><input type="checkbox"/> Bank Certification<br><input type="checkbox"/> Bank Guarantee<br><input type="checkbox"/> Returned Checks<br><input type="checkbox"/> Bank Statements/Snapshot<br><input type="checkbox"/> Manager's Check(s) (checkwriter)<br><input type="checkbox"/> Checkbook(s)/ Counter Check(s)<br><br><input type="checkbox"/> Others: _____ | <input type="checkbox"/> Passbook<br><input type="checkbox"/> Time Deposit<br><input type="checkbox"/> ATM<br><br>No. of booklets/ checks _____ |
|---|---|---|

Country where Accountholder is working: \_\_\_\_\_  
 Accountholder Contact Number / Email address: \_\_\_\_\_

This authorization shall take effect from \_\_\_\_\_ to \_\_\_\_\_ or until such time that the Bank receives a notice of revocation of such appointment from me/us.  
 The Bank shall not be responsible for any loss or damages arising from any cause beyond its control.

**Authorized Representatives**

Name	ID Presented	Signature	Contact Number



\_\_\_\_\_  
 Accountholder's Signature

\_\_\_\_\_  
 Accountholder's Signature

Request Received by:	Processed by:	Reviewed & Approved by:	Date: