
AUTHORITY TO DEBIT ARRANGEMENT

I/We hereby authorize RIZAL COMMERCIAL BANKING CORPORATION (the "RCBC") to debit the account under the name of _____ with deposit account no. _____ (the "Assigned Deposit Account") in payment of any and all amounts due to RCBC, whether in its original term or its extension, renewal, amendment or amplifications, or as restructured, as the case may be, including but not limited to loan amortizations, mortgage redemption insurance and fire insurance premiums, and all other fees, charges, interest and penalties (the "Loan"), due and collectible from me/us on their respective due dates (the "Scheduled Due Dates").

This authority shall be effective from date hereof and shall be in full force and effect until the Loan/s as well as any and all amounts due and payable from me/us to RCBC is/are paid in full. For this purpose, I/we hereby undertake to ensure that the above Assigned Deposit Account is/are sufficiently funded to cover the amount due on the Loan on the Scheduled Due Dates.

I hereby acknowledge that I/we will be considered in default, without need of a demand, if the amount remaining in the Assigned Deposit Account is not sufficient to cover the payment of the amount due on the Loan on the Scheduled Due Dates. In such an event, I/we hereby authorize RCBC to debit any and all other accounts that I/we maintain with RCBC until full satisfaction of the amount due on the Loan. This is without prejudice to the other remedies which may be available to RCBC based on the agreements, contracts, and/or documents which I/we may have previously executed with RCBC.

I/we hereby release, discharge and waive any and all actions of whatever nature, expected, real or apparent, which I/we may have against RCBC, its directors, officers, employees, agents and clients by reason of or arising from the this Authorization. Moreover, I/we hereby agree to indemnify and/or hold RCBC and/or any of its directors, officers, employees or representatives, free and harmless from any and all claims, suits, damages, costs, liabilities, obligations or expenses whatsoever, arising from or in connection this Authorization.

(IF INDIVIDUAL):

CONFORME SPOUSE:

CLIENT NAME

SPOUSE

(IF CORPORATION):

CLIENT NAME
BY

AUTHORIZED SIGNATORY

AUTHORIZED SIGNATORY