

## ATM CARD REQUEST / MAINTENANCE FORM

					Date:	
Name of Applicant:		First			CIF No:	
	Last	First	M.I.			
Name of Co-Deposit	or $\square$ A	nd/Or				
Account Name:					CIF No:	
Las	it	First	M.I.		CII 1101	
Card Number						
Type of Card	□ CA/S	A Debit Card-Internationa	al			
	Prin	Primary Account (For RCBC ATMs)				
			CA _			
	☐ Defa	ault Account (Other ATMs	) CA/SA _			
		Ny Wallet Cash Card -Local others (Please specify):		☐ My Wallet Cash Card — International		
MAINTENANCE REQU	JEST 🗆					
Please process the following p	pertaining to my		ale Aanacemba (cia Decimana Ca	m*o.r\		
☐ Block card     ☐ Unlink Accounts (via Business Center)       ☐ New PIN/Re-PIN     ☐ Others						
☐ SMS Enrollment ☐ Link Additional Accounts ☐ Link Additional Accounts						
Replace Card						
LOST ATM						
Lost ATM Card Declar						
I declare on date and timethat:						
<ol> <li>I lost my ATM for the above account.</li> <li>All my efforts to find the lost ATM was unsuccessful.</li> </ol>						
3. I am authorizing for the said lost ATM to be immediately blocked/deactivated.						
		ance of a replacement AT				
I confirm that all facts and information stated by me in this form are true and correct. I shall indemnify and/or hold RCBC and its stockholders, directors,						
officers, or employees free and harmless against any loss or damage that they may incur in connection with my declaration and requests in this form, except if such claim directly arose from the Bank's sole fault or gross inexcusable negligence.						
E CONTRACTOR CONTRACTO						
		Acco	ountholder's Signature/Date	Signed		
ACKNOWLEDGMENT	:					
Telephone PIN $\ \square$	А	TM Card □				
			FOR BANK'S USE ONLY			
D 11 /D		T.	11 /0 :			
Processed by/Dat	e	Approv	ved by/Date		Card/PIN released	d by
ATM CARD CLAIM ST	UB					
То		Business Center		New Card Applic	ation	
From				Replace Card		
ACCESS CARD NUMBER		NAME	RECEIVED E	Y/DATE	AF	PPROVED BY/DATE