

BILLS PAYMENT FACILITY APPLICATION FORM					
Name of Biller					
Corporate Name					
Nature of Business					
Brief Description of Business					
Corporate Address					
Corporate TIN		CTC No./Date & Place Issued			
Authorized Signatories for MOA					
Name	Position	Rank	Competent Evidence of Identity		
1.					
2.					
3.					
Depository Bank/Branch					
Name of Branch Head		Landline/Mobile Phone	Email		
<b>Applicable Channel</b>  <input type="checkbox"/> Automated Teller Machine (ATM) Maximum of two (2) lines, ten (10) characters/line <input type="checkbox"/> Point-of-Sale (POS) Maximum of two (2) lines, twelve (12) characters/line <input type="checkbox"/> BancNetOnline (BOL) Maximum of twenty-five (25) characters <input type="checkbox"/> BancNet Mobile Banking (BMB) Maximum of five (5) characters <input type="checkbox"/> Member Banks' Proprietary Channels* _____ Phone Banking _____ Internet Banking _____ Mobile Banking		<b>Short Name</b>			
		<b>On Screen</b>		<b>On Receipt</b> <small>(One line, max of 10 characters)</small>	
				*Subject to approval of member banks	
<b>Transaction Information</b> <i>To commence one (1) year from MOA notarization date</i> <input type="checkbox"/> ATM <input type="checkbox"/> POS <input type="checkbox"/> BOL <input type="checkbox"/> BMB		<b>Minimum Volume Requirement</b>			
		<b>Fee per Transaction</b>			
<b>Joining Fee</b> Amount: Php _____		<b>To be charged to</b> <input type="checkbox"/> Waived <input type="checkbox"/> Biller <input type="checkbox"/> Others _____			
<b>Subscriber Reference Code/Name</b> (For BOL only)					
<input type="checkbox"/> Subscriber Account No. <input type="checkbox"/> Reference No. <input type="checkbox"/> Customer No. <input type="checkbox"/> ATM Reference No.		<input type="checkbox"/> Credit Card No. <input type="checkbox"/> Policy No. <input type="checkbox"/> Student No. <input type="checkbox"/> Others (Pls. specify) _____			
Contact Information					
Department	Operations	Finance/Accounting	Systems/Technical		
Name					
Office Landline					
Mobile Phone					
Fax					
Email Address					
Submitted by			Date		
<small>(Authorized Representative - Signature over printed name)</small>					
FOR BANCNET USE ONLY					
Remarks					
Received by	Endorsed by		Approved by		
Account Officer	Madeleine M. Casas Product Manager	Reynaldo T. Marukot Sales & Mktg Director	Aristeo P. Zafra, Jr. EVP & COO		