

<u>AUTHORIZATION TO DEBIT ACCOUNT (ADA) FORM</u> Please submit this form to your depository branch

Date:				
I authorize METROBAN (Metrobank Branch:		donation to the United Na	tions Children's Fund (UNICEF	
I agree that the authoriza	ation shall be on a continu	ing basis unless cancelle	d by myself or UNICEF.	
may cause the immediat	tant unposting/non-debitin te cancellation of this debi		navailability / insufficiency of fuout prior notice to me.	
Very truly yours,		./		
✓ Depositor's Signature over Printed Name		Depositor's Sign	Depositor's Signature over Printed Name	
FOR BANK'S USE ONL	Υ	NOTE:		
Signature verified by:	Approved by:	*For accoun numbers, e. *Kindly attac	*For account numbers, please give 13 numbers, e.g. 096-3096123456 *Kindly attach one (1) Authorization to Debit Account (ADA) form per application	
se fill-in the form below so	UNICEF can send you re	egular updates and your a		
Title First	M.I.	Last	Day / Month / Year	
riue First		Email:		
ress:	Business	 Fax		