



**CREDIT CARD INSTALLMENT PAYMENT ENROLLMENT FORM**

I would like to enroll the Pre-need Plan/s below in an Auto Charge Arrangement with my credit card. Details of the plan/s and my credit card are as follows:

**CREDIT CARD DETAILS:**

CARDHOLDER'S NAME:						EMAIL ADDRESS:					
ADDRESS:				POSTAL CODE		MOBILE NO.					
BANK NAME:						<input type="checkbox"/> VISA		<input type="checkbox"/> JCB			
						<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> AMEX			
CARD NUMBER:										EXPIRY DATE:	

**PLAN DETAILS: (USE DIFFERENT FORMS FOR DIFFERENT PLANHOLDERS)**

PLANHOLDER'S NAME			
RELATIONSHIP TO PLANHOLDER			NATIONALITY
PLAN NUMBER	CURRENT MODE OF PAYMENT	AUTO CHARGE STARTS ON DUE DATE	CURRENT INSTALLMENT AMOUNT

I understand that the payments for the plan indicated above will automatically be reflected in my credit card statement. However, actual payment of these installments and charging against my credit card will depend on the transaction approval of the Credit Card Company on the processing date. If the charging is not successful, I agree to pay (or inform the Planholder to pay) the installment amount directly to PhilPlans First, Inc. (PhilPlans).

I further agree that this payment arrangement has been devised for convenience and shall not in any way amend or alter the terms and conditions of the Planholder's plan contract with PhilPlans.

I hereby agree that this application for Automatic Charge Arrangement (ACA) shall be effective only upon the approval of PhilPlans First, Inc. ("PhilPlans").

My signature indicates that I have reviewed and certified the correctness of all information stated in this form.

I hereby consent, without need of prior notification, to the processing, storage, and disclosure by the Company of all such personal and/or sensitive personal information in this form for the enforcement of my plan contract, and for all purposes deemed fit by the Company, which shall include issuance, implementation and handling insurance policies, direct marketing, profiling, risk management, underwriting and administration of insurance coverage and claims, data analytics and data sharing with the Company. Said consent also extends likewise from those persons whose information I have provided, whose consent I have secured. PhilPlans shall retain the information for the duration of your contract/business with it and for a reasonable time thereafter to comply with its legal obligations.

I understand that as the owner of my data, I may contact the Company at any time during normal business hours and exercise the following rights, among others: (a) to be informed of the type and extent of data in the Company's possession; (b) to have my data disposed of or deleted, subject to the legitimate need of the Company in order to fulfill its contractual obligations to me; (c) to correct or update my data as needed; and (d) to receive a copy of the data within a reasonable time upon request.

I agree that the company may store the said data for the duration of the contract and a reasonable time thereafter.

I understand that I may contact the Data Protection Officer of the Company for any concerns involving my data or privacy rights.

I hereby certify that I have fully read and understood the benefits and features of this plan and agree to be bound by the provisions of the plan contract.

Dated this \_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_ at \_\_\_\_\_, Philippines.

**REQUESTED BY:**

_____	_____	_____	_____
CARDHOLDER'S SIGNATURE OVER PRINTED NAME	DATE SIGNED	MOBILE NO.	(AREA CODE) LANDLINE NO.

**CONFIRMED BY:**

_____	_____
PLANHOLDER'S SIGNATURE OVER PRINTED NAME	DATE SIGNED

**CONDITIONS**

- The Cardholder enrolling in this facility should be a current or proposed Planholder or an immediate family member of the Planholder of PhilPlans First, Inc. ("PhilPlans") and is hereafter referred to as the "Cardholder". Immediate family member is limited to the Planholder's parents, spouse, brothers, sisters and children.
- This form should be submitted to PhilPlans head office at least ten (10) days before the desired installment due date.
- Enrollment in this facility does not guarantee payment of installment due, as each payment shall be subject to approval by the Credit Card Center.
- Termination/Cancellation of the Cardholder's credit card shall result in automatic termination of this enrollment.
- In case the credit card center did not approve payment, the Planholder shall have to pay through other payment facilities available without the need for PhilPlans to notify him/her of such.
- The following credit card conditions will not be processed:
  - Cancelled Credit Card
  - Inactive/Expired Credit Card
  - Closed Credit Card
  - Defective (invalid code)
  - Over limit
  - Deceased Credit Card holder
- In case of renewal and/or replacement of lost or damaged card, Cardholders who wish for a continuous Auto Charge Arrangement is required to submit a newly accomplished enrollment form at least ten (10) days prior to next installment.
- For inquiries regarding credit card billing for installment payments, please contact our Customer Service at (02) 8802-7202 or e-mail us at [customer-service@philplans.com.ph](mailto:customer-service@philplans.com.ph).

**IMPORTANT: Please submit a photocopy of valid I.D. and Credit Card**