



AUTO-DEBIT ARRANGEMENT ENROLLMENT FORM

This is to authorize BPI _____ branch to debit from my

	Regular	No.:	
	Electronic Teller (ET)	No.:	
	Current Account	No.:	
	Savings Account	No.:	

as payment for my Paramount Life & General Insurance Corporation Policy No. _____

AMOUNT

	Annual Premium	
	Semi-Annual Premium	
	Quarterly Premium	
	Monthly Premium	

Preferred Draw Date _____

I fully understand and agree that the authorization shall be on a continuing basis unless canceled by the undersigned in writing or as determined by PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION.

In the event of the termination of this arrangement whereby premiums are paid monthly, mode of premium shall be changed to the applicable Annual, Semi-Annual or Quarterly mode.

I hereby understand and agree that the unavailability, insufficiency of funds, or closing of account could be a sufficient ground for the immediate revocation/cancellation of this debit arrangement even without prior notice to me. I further agree that PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Depositor's Signature Over Printed Name

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