



AUTOMATIC DEBIT AGREEMENT APPLICATION FORM

CARDHOLDER INFORMATION

Name of Cardholder

Last Name First Name Middle Name

Birthdate

mm dd yyyy

Credit Card Number

Card Expiry Date

mm yyyy

Credit Card Issuer (please specify)

CIGNAL TV ACCOUNT INFORMATION

Name of Subscriber

Last Name First Name Middle Name

CIGNAL TV Account Number/s to be enrolled

1 _____

2 _____

3 _____

UNDERTAKING FORM – FOR NEW SUBSCRIBERS ONLY

I, _____, am availing of CIGNAL TV's Postpaid Plan _____ . In addition to the Terms and Conditions in the Service Application form, I agree to abide by the supplementary terms below:

- That I will enroll my CIGNAL TV monthly bills for automatic debit agreement for a minimum of _____ months lock-in period.
- That in the event of cancellation of my CIGNAL TV Postpaid account during the lock-in period, for any reason whatsoever, I unconditionally authorize Cignal to charge my CIGNAL account/s above for the full outstanding balance including Pre-Termination Fee.

PLEASE ATTACH THE FOLLOWING:

- Proof of Identification (POI) of the Cardholder
- Front copy of the credit card being enrolled in this payment facility
- Authorization Letter (if Cardholder is different from Cignal subscriber)

FOR CIGNAL USE ONLY

TP/DEALER/SUB-DEALER CERTIFICATION

I have checked and verified that submitted application form and supporting documents to be in accordance with Cignal TV, Inc. requirements.

_____	_____
Dealer/Sub-Dealer's Signature over Printed Name and Date	Dealer/Sub-Dealer's Branch

_____	_____
TP Signature over Printed Name and Date	Name of TP

TERMS AND CONDITIONS

1. For purposes of this Automatic Debit Agreement, the words "I", "my", "me" shall refer to the subscriber. "Issuing Bank" refers to a bank or financial institution who issued the credit card. "Acquiring Bank" refers to a bank or financial institution that processes credit payments on behalf of a merchant. "Merchant" refers to CIGNAL TV, INC.

2. Enrollment to the Automatic Debit Agreement (ADA) shall take effect upon approval of the issuing bank or acquiring bank and CIGNAL TV, INC.

3. The Auto Charge Arrangement shall apply only for the Cignal Digital TV account/s listed in this enrolment form.

4. Upon the approval of my enrollment to the ADA, I hereby authorize CIGNAL TV, INC. to automatically charge my total Cignal TV postpaid subscription account balances as indicated in my Cignal TV's statement of account to my enrolled credit card on a monthly basis.

5. The Automatic Debit Arrangement (ADA) shall take effect only upon approval of my ADA enrollment, and shall apply to the CIGNAL TV, INC., charges indicated in the following month's Statement of Account (SOA).

6. The issuing bank or acquiring bank has the absolute authority to decline, reject or cancel any enrollment on grounds such as, but not limited to the following: no available credit limit, overdue balance, suspended or past due status or upon Cardholder's cancellation of his/her enrollment. In such cases, the Cardholder will not hold CIGNAL TV, INC. liable in any event whatsoever for any damage, loss or liability that the Cardholder might suffer directly or indirectly by reason of such decline, rejection or cancellation.

7. In the event that the credit card billing charge submitted by CIGNAL TV, INC. to the issuing bank or acquiring bank is rejected or declined for any reason of whatsoever, I shall immediately settle my outstanding balance directly with CIGNAL TV, INC through CIGNAL TV, INC's authorized payment centers, without need for further demand or notice from CIGNAL TV, INC.

8. In case of changes in my credit card number and other credit card details brought about by cases, such as, but not limited to lost credit card, upgrade and/or card renewal, I shall be required to immediately submit a new ADA Enrollment Form indicating these changes.

9. I undertake to advise CIGNAL TV, INC. of the new expiry date of my enrolled credit card at least 30 days before the actual expiry date, in writing or through a phone call to CIGNAL TV, INC's Customer Service at (02)2446251 (Metro Manila) or 1-800-10-2446251 (outside Metro Manila) or Email: care@cignal.tv. I shall not hold CIGNAL TV, INC. for the inconvenience or delay of my payments should the credit card company decline the transaction due to my expired credit card.

10. I understand that at any time, CIGNAL TV, INC. may initiate cancellation of my enrollment to ADA, for any reason whatsoever. In case of such cancellation, I shall pay the bills directly through CIGNAL TV, INC's authorized payment centers. Any amount due prior to the effective date of such cancellation are still valid and may still be submitted by CIGNAL TV, INC. to the issuing bank or acquiring bank for approval.

I confirm that the information provided herein are true and correct and I hereby authorize CIGNAL TV, INC. to verify such information from whatever sources it may consider appropriate. By signing below, I confirm that I have read, understood and agreed to the Terms and Conditions governing the Automatic Debit Agreement (ADA).

_____	_____
CIGNAL TV, INC. Subscriber's Signature over Printed Name	Date

_____	_____
Cardholder's Signature over Printed Name	Date