



MANAGER’S CHECK / TELEGRAPHIC TRANSFER
INSTAPAY / PESONET FORM

NOTE: All fields are mandatory. Please fill-out all fields and do not leave any field blank. Put N.A.where it is not applicable.

Date of Request (MM/DD/YYYY)		Type of Transaction <input type="checkbox"/> Manager's Check <input type="checkbox"/> Instapay <input type="checkbox"/> PESONet <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> EqB to EqB		Type of Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Corporate / Other Entity		Name of Branch	
APPLICANT / REMITTER INFORMATION							
Customer Name (Last Name, First Name, Middle Name)				Mode of Payment <input type="checkbox"/> Cash <input type="checkbox"/> On-Us Check		Debit Account No.	
Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)						Zip Code	
BENEFICIARY INFORMATION							
Beneficiary Name (Last Name, First Name, Middle Name)				Beneficiary Account No.			
Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)						Zip Code	
Mobile Number		Email Address		Nature of Business		Type of Remittance <input type="checkbox"/> FXTT <input type="checkbox"/> PDDTS <input type="checkbox"/> RTGS	
Currency		<input type="checkbox"/> Peso <input type="checkbox"/> Dollar		<input type="checkbox"/> Third Currency			
Peso Amount in Figures							
FX Amount in Figures							
Amount in Words							
Purpose of Request <input type="checkbox"/> Payroll <input type="checkbox"/> Payment of Taxes <input type="checkbox"/> For Transfer to Other Account <input type="checkbox"/> Loans-Related <input type="checkbox"/> Goods Bought or Sold <input type="checkbox"/> Payment of Services <input type="checkbox"/> Payment of Expenses <input type="checkbox"/> Others _____							
BENEFICIARY BANK ACCOUNT DETAILS (For Instapay, PESONet, and Telegraphic Transfer Use Only)							
Receiving Bank Name				Intermediary Bank Name			
Receiving Bank Address				Intermediary Bank Address			
Swift Code / Routing Number				Swift Code / Routing Number			
TRANSACTION DETAILS (For Bank Use Only)							
Rate		Bank Charge		Total			
TERMS AND CONDITIONS							
<p>On Electronic Fund Transfer. The Applicant confirms that the above information stated in this Application Form and all documents submitted to the Bank relative to the Enrollment Form are true, complete, and correct. The Applicant understands that any false statement/information/invalid documents herein may be a ground for disapproval or immediate closure of my account/s by the Bank. The Applicant/s have received a copy of, have read, understood, and agreed to be bound by the Inter-Bank Fund Transfer Terms and Conditions, all future variants of Inter-Bank Fund Transfer facilities as may be offered by the Bank, as well as by the rules and regulations of the Bangko Sentral ng Pilipinas ("BSP") relative to the establishment of my account/s or investment/s. The Applicant further agrees to advise the Bank in writing of any change in the above information.</p> <p>On Lost Manager's Check. In the event of a lost/stolen or destroyed Manager's Check ("MC"), the Bank reserves the right to impose any conditions relative to the refund/replacement of the said MC. However, a Stop Payment Order ("SPO") cannot be placed for MC.</p> <p>On Telegraphic Transfer Application. The Bank shall not be liable for any loss or damage by the Applicant or any other person by reason of the error or delay of telegraphic or cable companies transmitting the telegraphic transfer message directing the requested fund or correspondences or agencies by the Bank in the transfer of funds, the risks of all which are assumed by the Applicant.</p>							
UNDERTAKING							
<p>By signing this Equicom Savings Bank Fund Transfer Request Form, I/we certify that I/we have accessed, read, understood, and agreed to be bound by the Bank's General Provisions on Deposit Accounts, as published on www.equicom savings.com. I/we acknowledge that Equicom Savings Bank may, from time to time and for valid reasons, amend, revise, or supplement the said provisions. Such changes may be communicated through written notice, publication on the Bank's website, inclusion in the account statement, or through other reasonable means as determined by the Bank. Continued use of the fund transfer facility, or failure to provide written notice of termination within the period specified, shall be deemed as acceptance of the updated provisions.</p> <p>I hereby waive my rights and benefits under the provisions of R.A. 9510 (Credit Information System Act), R.A. 1405 (Secrecy of Bank Deposit Act), R.A. 6426 (Foreign Currency Deposits Act), R.A. 10173 (Data Privacy Act of 2012), R.A. 8791 (General Banking Law), R.A. 9160 (Anti-Money Laundering Act) and other laws on confidentiality of bank account, credit, loan, and other related information and hereby authorize the Bank to process, divulge, or make necessary disclosure of such otherwise confidential information, to third parties, including but not limited to the Bank's affiliates, subsidiaries, agents, or service providers, the Bankers' Association of the Philippines-Credit Bureau (BAP-CB) or to other credit bureau or to any similar central monitoring entity or recipients as may be provided for by law and required by competitive authority. I/We, thereby confirmed, have read, and understood the Terms and Conditions governing these transactions.</p>							
Individual (For Fund Transfer Email Request Only)				Corporate / Other Entity (For Fund Transfer Email Request Only)			
I authorize the Bank to process this fund transfer based on my email instruction. I understand the risks involved and agree that the Bank shall not be liable for any resulting loss unless due to gross negligence or fraud. I agree to indemnify the Bank and consent to the processing of my personal data in accordance with its Data Privacy Policy.				We authorize the Bank to act on fund transfer instructions sent via our registered email address. We assume full responsibility for such instructions and agree to hold the Bank free and harmless from any loss or claim, unless arising from gross negligence or fraud. We likewise consent to the lawful processing of our representatives' personal data.			
Authorization (Please fill-out whenever applicable)				<div>SIGNATURE VERIFIED BY</div>			
Below signatory/ies hereby authorize _____ to receive the instrument described herein.				Representative Signature Over Printed Name			
<div>SIGNATURE VERIFIED BY</div> <div>Applicant 1 Signature Over Printed Name</div> <div>SIGNATURE VERIFIED BY</div> <div>Applicant 2 Signature Over Printed Name</div>				<div>SIGNATURE VERIFIED BY</div> <div>Authorized Signatory 1 Signature Over Printed Name</div> <div>SIGNATURE VERIFIED BY</div> <div>Authorized Signatory 2 Signature Over Printed Name</div>			
Received by:				Signature:			
FOR BANK USE ONLY							
Processed by:				Approved by:			