### Auto Credit Arrangement Authorization Form Reimbursement / Non Medical

- 1. I hereby certify that I am the duly authorized representative of the Maxicare Vendor/Supplier/Provider/Member/Intermediary Partner/Broker/Merchant. Any and all acts I perform herein are deemed to be done for and on behalf of the Maxicare Vendor/Supplier/Provider/Member/Intermediary Partner/Broker/ Merchant.
- 2. As the duly appointed representative, this is to authorize Maxicare Healthcare Corporation ("Maxicare"), and its subsidiaries, affiliates, representatives, agents and contractors, which includes its contracted payment solution providers, (collectively referred as "Representatives") to debit the Maxicare account and automatically credit Maxicare payments to Maxicare's Vendor/Supplier/Provider/Member/Intermediary Partner/Broker/ Merchant. For medical-allied providers, access and download the Provider Analysis Sheet (PAS) / payment details through Provider Accounts Management System (PAMS) at <u>https://providergateway.maxicare.com.ph/pams</u>
- 3. In executing this document, I hereby certify that I have voluntarily, knowingly and freely given my consent for myself and on behalf of the Maxicare Vendor/Supplier/Provider/Member/Intermediary Partner/Broker/Merchant, to Maxicare and its Representatives to obtain, collect, examine, process, and store copies of my personal information, including sensitive personal information, financial information and confidential of Vendor/Supplier/Provider/Member/Intermediary information the Maxicare Partner/Broker/Merchant, as may be deemed necessary by Maxicare, relative to Automatic Credit Arrangement (ACA), in connection with the transactions with Maxicare pursuant to duly executed agreements. Except as otherwise stated hereon, any information obtained relative to the authority herein given shall be strictly private and confidential.
- 4. The extent of the collection and processing shall be only those necessary and incidental to the performance of the services contemplated in this Agreement.
- 5. Likewise, I have voluntarily, knowingly and freely given my consent and on behalf of the Maxicare Vendor/Supplier/Provider/Member/Intermediary Partner/Broker/Merchant, to Maxicare to disclose such information to Maxicare and its Representatives for any legitimate business purpose as Maxicare may deem appropriate, to effectively administer or manage my account, provide and facilitate payment and as may be required by applicable laws, rules and regulation.
- 6. Processing is hereby understood to include any operation or any set of operations performed upon personal information including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure or destruction of data. Processing would include both manual and automated handling of personal information and storage and data transfers using various means including but not limited to physical methods as well as electronic via information and communications systems employed by Maxicare and its Representatives.

- 7. Furthermore, in so far as the information disclosed relates to any bank-related information relating to me or Maxicare Vendor/Supplier/Provider/Member/Intermediary Partner/Broker/Merchant I am representing, I, on my own, or as the authorized representative of the Maxicare Vendor/Supplier/Provider/Member/Intermediary Partner/Broker/Merchant, hereby manifest my/our consent and waiver of my/our rights of confidentiality under the Philippine bank secrecy laws including but not limited to Republic Act Number 1405 or the Law on Secrecy of Bank Deposits, or Republic Act Number 6426 or the Foreign Currency Deposit Act, and Republic Act Number 8791 or the General Banking Law of 2000. Any information obtained from this form shall be held strictly confidential and may be used by Maxicare and its Representatives only to verify the account details and facilitate payments pursuant to the relevant agreements.
- 8. In the event that Maxicare or any of its directors, officers, shareholders, employees and agents is adjudged liable for whatever reason arising from reliance to any of my representations, warranties and consents given herein, we/l bind ourself/myself to reimburse Maxicare for any and all damages or costs incurred thereby. Any delay on our/my part to reimburse Maxicare for damages suffered shall entitle the latter to charge interest at the rate of one (1%) percent per month until the amount of the damages and costs are fully paid.
- 9. I further declare that if I commit any act or state any misrepresentation contrary to any provision of this document, I/we will indemnify and hold Maxicare, its affiliates, subsidiaries and successors-in-interest, their stockholders, officers, directors, agents, employees, associates, contractors, representatives and consultants free and harmless from any and all liabilities and will pay for all damages and costs suffered by them as a result thereof.

Maxicare reserves the right to amend this Terms and Conditions at any time without the need of prior notice or approval, and any queries related thereto may be addressed to DPO@maxicare.com

CONFORME:

(Signature over Printed Name of the Authorized Signatory of the Participating Client)

Auto Credit Arrangement Authorization Form Reimbursement / Non Medical

Date: \_\_\_\_

Note: with \* - required field

#### WRITE LEGIBLY

Vendor/Supplier/Provider/ Member/Intermediary Partner/Broker/ Merchant Name*	
Landline Number	
Mobile Number*	
E-mail Address 1*	
E-mail Address 2	
Name of Bank*	
Taxpayer Identification Number*	
Account Name*	
Account Number*	

#### C O N F O R M E :\_\_\_\_

(Signature over Printed Name of the Authorized Signatory of the Participating Client

### ANNEX A LIST OF BANKS:

1	Al-Amanah Islamic Investment Bank of the Philippines	32	Guagua Rural Bank, Inc.
2	AllBank (A Thrift Bank), Inc.	33	G-Xchange, Inc. (GXI)
3	Asia United Bank Corporation	34	HSBC Savings Bank (Phils), Inc.
4	Australia and New Zealand Banking Group Ltd.	35	Industrial and Commercial Bank of China, Ltd. – Manila Branch
5	Bangko Mabuhay (A Rural Bank), Inc.	36	Industrial Bank of Korea Manila Branch
6	Bangkok Bank Public Co. Ltd.	37	Innovative Rural Bank, Inc. (A Rural Bank)
7	Bank of America, N.A	38	JP Morgan Chase Bank, N.A.
8	Bank of China (Hongkong) Limited-Manila Branch	39	KEB Hana Bank – Manila Branch
9	Bank of Commerce	40	Land Bank of the Philippines
10	Bank of Makati (A Savings Bank), Inc.	41	Malayan Savings Bank, Inc.
11	Bank of the Philippine Islands	42	Maybank Philippines, Inc.
12	BDO Network Bank, Inc. (A Rural Bank)	43	Mega International Commercial Bank Co., Ltd.
13	BDO Unibank, Inc.	44	Metropolitan Bank and Trust Company
14	BOF, Inc. (A Rural Bank)	45	Mizuho Bank, Ltd. – Manila Branch
15	Camalig Bank, Inc. (A Rural Bank)	46	MUFG Bank, Ltd.
16	Cantilan Bank, Inc. (A Rural Bank)	47	Philippine Bank of Communications
17	Cebuana Lhuillier Rural Bank, Inc.	48	Philippine Business Bank, Inc., A Savings Bank
18	China Bank Savings, Inc.	49	Philippine National Bank
19	China Banking Corporation	50	Philippine Savings Bank
20	CIMB Bank Philippines, Inc.	51	Philippine Trust Company
21	Citibank, N.A.	52	Philippine Veterans Bank
22	Country Builders Bank, Inc. (A Rural Bank)	53	Rizal Commercial Banking Corporation
23	CTBC Bank (Philippines) Corporation	54	Robinsons Bank Corporation
24	DCPAY Philippines, Inc.	55	Security Bank Corporation
25	Deutsche Bank AG	56	Standard Chartered Bank
26	Development Bank of the Philippines	57	Sterling Bank of Asia, Inc. (A Savings Bank)
27	Dungganon Bank (A Microfinance Rural Bank), Inc.	58	The Hongkong & Shanghai Banking Corporation
28	East West Banking Corporation	59	UCPB Savings Bank
29	East West Rural Bank, Inc.	60	Union Bank of the Philippines
30	Equicom Savings Bank, Inc.	61	United Overseas Bank Limited, Manila Branch
31	First Consolidated Bank, Inc. (A Private Developme	62	Wealth Development Bank Corporation