



AUTHORITY TO CHARGE

- Monthly Rental
- Auto Reloads

a _____
Date

EASYTRIP SERVICES CORPORATION

Unit 701, 7th Floor, Citystate Centre
709 Shaw Boulevard, Pasig City

- (02-6312345
- 7 02- 6312345 PRESS OPTION 5 FOR FAX TONE
- * support@easytrip.ph

Gentlemen,

This will authorize BDO, Ortigas Center Branch/Head Office to charge from my CREDIT CARD with the following details:

CREDIT CARD TYPE

- * VISA
- * MASTERCARD
- * JCB
- * AMERICAN EXPRESS

Card Number :a _____
Card Issuer :a _____
CVC Number :a _____
Expiry Date :a _____
Threshold :a _____

(minimum of Php500.00)

ACCOUNT NAME: _____
MONTHLY RENTAL
* Php112.00
AUTO RELOAD AMOUNT
* Php500
* Php1,000
* Php2,000
* Php3,000
* Php4,000
* Php5,000
* Others (pls. specify amount) Php _____

as payment for my EASYTRIP SERVICES CORPORATION'S monthly/other billings for reference of my Easytrip Account Number. a _____.

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 EASYTRIP SERVICES CORPORATION.

I further understand and agree that perennial unposting/non-debiting of my account due to unavailability/insufficiency of funds could be a sufficient ground for the immediate revocation/cancellation of this authorization even without prior notice to me.

Very truly yours,

a _____
Cardholder's Signature Over Printed Name

Easytrip must be informed for ANY changes on your credit card details (cvc, credit card number, expiration date, etc.). Kindly fill out a new Authority to Charge form.

**** In case of loss and expired credit card, please inform Easytrip and fill out a new Authority to Charge Form.**

PLEASE FAX ACCOMPLISHED FORM and FRONT and BACK COPY OF CREDIT CARD TO 02-6312345 PRESS OPTION 5 FOR FAX TONE OR EMAIL TO support@easytrip.ph PLEASE BE INFORMED THAT INCOMPLETELY FILLED OUT FORM WILL NOT BE PROCESSED.

FOR ESC USE ONLY

Signature Verified By:
Approved By: