



CREDIT CARD AUTHORITY TO CHARGE FORM

Date _____

EASTRIP SERVICES CORPORATION

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

This is to authorize EASTRIP SERVICES CORPORATION (“Easytrip” or “ESC”) and its Authorized Credit Card Bank Provider, to charge my Credit Card for the replenishment of my Easytrip Account in accordance with the selected mode and the credit card information as provided below:

New Renewal

CREDIT CARD INFORMATION

Card Holder’s Name: _____

Credit Card No. : _____ - _____ - _____ - _____

Expiry Date: MM ____ YYYY _____

Card Type: MasterCard Visa JCB American Express

Card Issuer: _____

THRESHOLD: (minimum of Php 500.00) Php _____

AUTOMATIC REPLENISHMENT

- Php 500.00
- Php1,000.00
- Php2,000.00
- Php3,000.00
- Php4,000.00
- Php5,000.00
- Others (Please specify amount) Php _____

EASYTRIP ACCOUNT DETAILS

Account Name: _____

Easytrip Account No.: 5200 - _____ - _____

Other Easytrip Account No/s. (if any): _____

Email Address: _____

Contact No. : _____

AUTHORIZATION

- I voluntarily disclose the above information for Easytrip auto reload replenishment (charges including reload and credit card service fee).
- I understand and agree on ESC Terms and Conditions No. 2 section 2.1.5 “The Subscriber agrees and allows that fees charged by ESC, its affiliates, partners, providers, etc. for toll, payment or other facilities and services including Service Fees, Convenience Fees, Reloading Fees, etc. shall be automatically deducted from the Subscriber’s Account as it may deem applicable by ESC.”
- I understand and agree that this arrangement shall be on a continuing basis unless cancelled in writing by the undersigned or as deemed necessary by Easytrip Services Corporation.
- I fully understand and agree that failure to debit my account due the credit card issuer’s dishonor of my credit card for whatever reason will result to the immediate cancellation of this authorization without prior notice.
- I understand that in case of loss card, card cancellation and card expiration, I am aware that I am responsible in updating my credit card information and submitting new Credit Card

Authority to Charge Form (hard copy) to avoid discontinuance of my automatic replenishment arrangement.

- I am aware that any changes in my credit card information requires me to submit a new Credit Card Authority to Charge Form (hard copy) along with the photocopy of the front of my credit card
- I have attached herewith the following documents to further support this request.
 - Front face of the credit card
 - Valid ID of the card holder
 - Valid ID of the authorized user/ assignee
 - Authorization Letter (if needed)

CARD HOLDER’S SIGNATURE OVER PRINTED NAME

NOTE: Please attach the Authority-To-Use Credit Card if the credit card holder and the Easytrip account holder is not the same person.

To be filled up by POS Cashier In-Charge/ Sales Officer/Assistant

RECEIVED BY : _____

LOCATION/STATION: _____

DATE : _____

For Customer Relations Management (CRM)

Processed/Verified by: _____

Processed date: _____



02-555-7575



02-555-7575 press 3 (for fax)



support@easytrip.ph (NLEX)
easydrive.support@easytrip.ph (CAVITEX)

Please fax the accomplished form and requirements to 555-7575 press option 3 OR email to support@easytrip.ph (NLEX) or easydrive.support@easytrip.ph (CAVITEX)

NOTE: Incompletely filled out forms will not be processed.