

PAYMENT INFORMATION SHEET FOR CONCESSIONAIRE

Vendor Name: _____ Date: _____
 Vendor Address: _____ NBU: _____
 Vendor Representative: _____ Phone No: _____
 Official Designation: _____ Mobile No: _____

Payment Mode: BANK PICK-UP
 MBTC
 SBC (Davao and Tagum only)

DETAILS FOR BANK PICK-UP

Branch Preferred to Collect: _____ Company's Email Address: _____
 Collector's Name: 1. _____ Company's Mobile Number: _____
 2. _____ Contact Person: _____
 3. _____ Contact Number: _____

E-COUNTERING REPRESENTATIVE INFORMATION

Name: _____ Contact Number: _____
 Designation: _____ Email Address: _____

E-Countering Representative's Signature Over Printed Name: _____

GUIDELINES AND CONDITIONS

FOR COLLECTION:

1. Accomplish one form per Business Unit.
2. There will be no processing until this form is approved.
3. New form shall be filled-up for any changes in collection information/details.
4. For **online payments**, fill-up Bank Details section.
5. For **bank pick-up**, separate instruction will be required by the respective bank.

FOR E-COUNTERING:

1. Electronic Countering System shall be used to counter documents online.
2. There will be no authorization for countering unless this form is approved.
3. Only registered E-countering representatives shall be allowed to counter collections.
4. Password must be kept confidential and is the sole responsibility of the user.
5. If the E-countering representative is no longer connected with company vendor, a written notification must be sent. The Business Unit will not be liable for any damages/losses resulting from non-notification.
6. New form shall be filled-up for any changes in counter information/details.
7. The account shall be reset yearly for system updating and maintenance.

VENDOR CERTIFICATION

This is to certify that the above authorized representatives are authorized to transact on our behalf and we have agreed with the Guidelines and Conditions set forth herein.

 Signature Over Printed Name/ Designation/ Date

 Signature Over Printed Name/ Designation/ Date

NBU APPROVAL

ACCOUNTING SERVICES

 (Signature Over Printed Name)

PIS transmitted to Treasury by:

 (Signature Over Printed Name)