

Third Party Representative Authorization Form for Balance Transfer/Insta Cash/CTI

Please complete this form and attach the following documents: A. One (1) valid photo-bearing ID of the Principal Cardholder; and B. One (1) valid photo-bearing ID of the Authorized Representative.

You may send this duly-accomplished form and all required documents as scanned e-mail attachments to csdocs@eastwestbanker.com or via fax at (+632) 8784-5601 to 02.

Name of Principal Cardholder																				
Credit Card Account Number/s						-	X	X	X	X	-	X	X	X	X	-				
Name of Authorized Representative																				
Relationship to the cardholder																				
Mobile Number																				
Office Number/s																				
Residence Number/s																				

I hereby authorize the above-named Authorized Representative to perform the following in relation to my Balance Transfer/Insta Cash/CTI application on my Credit Card Account/s (please tick only your preference depending on the level of authority you want to provide):

- 1. APPLICATION FOR BALANCE TRANSFER/INSTA CASH/CTI** – He/she may request to apply for Balance Transfer, Insta Cash or CTI under the Credit Card Account/s of cardholder.
- 2. CONFIRMATION OF BALANCE TRANSFER/INSTA CASH/CTI APPLICATION** – He/she may execute confirmation on the Balance Transfer, Insta Cash or CTI applied under the Credit Card Account/s of cardholder.
- 3. CANCELLATION OF BALANCE TRANSFER/INSTA CASH/CTI APPLICATION** – He/she may conduct cancellation request of the Balance Transfer, Insta Cash or CTI applied under the Credit Card Account/s of the cardholder.
- 4. ABSOLUTE AUTHORITY** – He/she may execute all authority and this includes application, confirmation and cancellation of Balance Transfer/Insta Cash/CTI under the Credit Card Account/s of cardholder.

I acknowledge and understand the risks of disclosing my personal and information on my Credit Card Account/s to my said Authorized Representative and allowing the latter to manage my Credit Card Account/s on my behalf. I further acknowledge that any and all acts of my Authorized Representative on my Credit Card Account/s shall be binding upon me. I likewise agree to be responsible and liable for all charges and transactions on my Credit Card Account/s including penalties and charges in the event of the unauthorized usage of my Credit Card Account/s or any mishandling of the same by said Authorized Person. I shall hold East West Banking Corporation (“EWBC”) free and harmless from any and all damages I may suffer arising out of or in connection with the foregoing authority and shall keep EWBC indemnified against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by EWBC of whatever nature and howsoever arising, out of or in connection with its implementation of the foregoing authority. My Authorized Representative shall continue to act as such unless and until EWBC receives, and has reasonable time to act upon, a written notice from me terminating the authorities of my Authorized Representative.

Principal Cardholder: _____ *Signature over Printed Name* **Date:** _____

As the Authorized Representative of the above-named Principal Cardholder, I hereby authorize EastWest Bank to contact me through any of my contact numbers above regarding the settlement of any outstanding obligation and/or amortization of the Principal Cardholder in case of the latter’s non-payment or default in respect of his outstanding obligation and/or amortization.

Authorized Representative: _____ *Signature over Printed Name* **Date:** _____

**An SMS confirmation will be sent to your mobile number confirming the receipt of your document/s within 1 to 2 banking days.*