

## Corporate Payroll Portal Access Management Form

 $Instructions: Fill \ out \ this \ form \ before \ printing. \ Sign \ and \ scan \ it \ before \ sending \ to \ payroll@ldb.ph.$ 

| Name of User:  |      |                  | Email Address:  |   |
|--|------|------------------|-----------------|---|
| Designation:   |      |                  | Mobile Number:  |   |
| Company:   |      |                  |                 |   |
|  |      |                  |                 |   |
| Access Request   |      |                  |                 |   |
| O Add new user   |      | O Reset Password |                 | O Delete user                             |
| Reason:  |      |                  |                 |   |
| Terms & Conditions   |      |                  |                 |   |
| <ol> <li>By signing below, I/We confirm that I/We have read and agreed to the Payroll Agreement and to the following terms and conditions:         <ol> <li>I/We shall keep secure and confidential my/our passwords.</li> <li>Access to LDB Corporate Payroll Portal allows a user to authorize LDB to credit specific amounts to the payroll accounts of our employees</li> <li>Files to be uploaded to the Payroll Portal must conform to LDB's file specifications.</li> <li>Files uploaded to the Payroll Portal are not retained by LDB. Requests to access uploaded files will not be granted.</li> <li>I/We hereby hold the LDB, its directors, officers, employees and authorized representatives free and harmless from, and shall fully and completely indemnify the Bank against all liabilities, claims, demands, actions, proceedings, losses, expenses and all other liabilities of whatsoever nature or description which may be suffered or incurred by the Bank, its directors, officers, employees and authorized representatives arising from or in connection with this agreement.</li> </ol> </li> </ol> |      |                  |                 |   |
|  | User | Authorize        | d Signatory     | Authorized Signatory                      |
| Signature over Printed Name  Date Signed:  |      | Signature over   | er Printed Name | Signature over Printed Name  Date Signed: |
|  |      |                  |                 |   |
| For Bank Use Only  |      |                  |                 |   |
| Received by:   |      | Signature verifi | ed by:          | Approved by:                              |
|  |      |                  |                 |   |
| Date:  |      | Date:            |                 | Date:                                     |