

Position:

Authority to Reclassify Payroll Account

Instructions: Fill or	ıt this form before printing. Sig	n it before submitting to yo	ur branch of	account.	
Title	Last Name	First Name	1	Middle Name	Suffix
Account Number				Branch	
Company / Employer Name					
Authority ar	nd Consont				
I, the undersigned, hereby authorize Luzon Development Bank (LDB) to automatically reclassify my Payroll Account into a Regular ATM Savings Account in the event that I am no longer connected or employed with the above-mentioned company, or if my payroll account has had no payroll-related credit transactions for the past 180 days. I understand and agree that upon such reclassification: 1. The account shall be subject to the terms and conditions, maintaining balance requirements, and applicable fees governing LDB Regular ATM Savings Accounts. 2. All benefits and privileges under the Payroll Account arrangement shall cease upon the effective date of reclassification. 3. The Bank shall have the authority to update its records and effect such changes without the need for further written notice or approval from me or my former employer. I further acknowledge that this authorization shall remain valid and effective unless revoked in writing and duly received by Luzon Development Bank prior to the termination of my employment.					
Conforme:				Date Signed:	
Signature over Printed Name of Account Holder					
For Bank Us	e Only				
Verified by:		A	Approved by:		
Position:		Po	Position:		