

MEDICARD E-PAYMENT ENROLLMENT FORM

Please legibly fill-out and complete the necessary details below:

1	Bank Name/Branch	:									
2	Full Account Name	:									
3	Bank Account Number	:									
4	TIN Number	:									
5	Mobile Phone Number	:	0	9							
6	Email Address	:									

Please submit this form together with a *copy of the ATM Card/Passbook/Check book (showing account holder's name, and account number)* to our MediCard Representative, *via email at provider@medicardphils.com* or send to Medicard Philippines Inc., 8th Floor, Provider Relations Department, The World Centre Bldg., 330 Senator Gil Puyat Avenue, Makati City.

The following banks are accredited by our online payment service provider:					
Banco De Oro (BDO)	Security Bank				
Bank of the Philippine Islands (BPI)	Philippine National Bank (PNB)				
Chinabank	Rizal Commercial Banking Corporation (RCBC)				
EastWest Bank	United Coconut Planters Bank (UCPB)				
Land Bank of the Philippines (LBP)	Unionbank of the Philippines (UBP)				
Metrobank					

I hereby declare that the above information is true and correct and that I agree to the collection of my data for purposes of reviewing, evaluating, processing, and facilitating bank transactions relating to my enrollment with the MediCard Online E-Payment Facility. I further consent to receive notification or correspondence from MediCard via SMS or email and hereby acknowledge that I am afforded with certain rights and protection in accordance with Republic Act 10173 also known as the Data Privacy Act of 2012.

I understand that incomplete details may delay my enrollment to MediCard Online E-Payment Facility. By affixing my signature hereunder, I hereby consent to MediCard's use of my personal information contained herein for purposes of achieving the objectives of the E-Payment Facility but consistent with the Data Privacy Act of 2012.

Enrollee's signature over printed name

For inquiry, you may call at (02) 801-4734 or 884-9999 loc. 7034