

CREDIT CARD AUTHORITY TO CHARGE

Date

Citra Metro Manila Tollways Corporation
CMMTC, 3/F Toll Operations Bldg., Doña Soledad Ave.
Brgy. Don Bosco, Parañaque City

This is to authorize **Citra Metro Manila Tollways Corporation (“CMMTC”)** and its **Authorized Credit Card Bank Host (“Provider”)**, to charge my Credit Card for the replenishment of my RFID Account in accordance with the selected mode and the credit card information as provided below:

CREDIT CARD DETAILS

Card Holder's Name : _____
Credit Card No. : _____ - _____ - _____ - _____
Card Type : MasterCard Visa JCB Amex
Issuing Bank : _____
Expiry Date (MM/YY) : _____

Auto Replenishment Amount:

P500 (Min.Amt) P1,000 P2,000 P3,000 P5,000
 Other Amount (Pls. Specify) P_____

RFID ACCOUNT DETAILS

Account Name : _____
Account No./ Plate No. : _____
Email Address : _____
Landline No. : _____
Mobile No. : _____

Threshold Amount:

P500 (Default) P1,000 P2,000 P3,000
 Other Amount (Pls. Specify) P_____

⚠ **NOTE: Please attach the Authority-To-Use Credit Card if the credit card holder and the RFID Account holder is not the same person.**

- I voluntarily disclose the above information for my RFID load replenishment.
- I understand and agree that this arrangement shall be on a continuing basis unless cancelled in writing by the undersigned or as deemed necessary by **Citra Metro Manila Tollways Corporation**.
- I am aware that I am responsible in updating my credit card information two (2) months before my credit card expiration to avoid discontinuance of my automatic replenishment arrangement.
- I am aware that any changes in my credit card information **requires me to submit a new Credit Card Authority to Charge Form** (hard copy) along with the photocopy of the front of my credit card.
- I fully understand and agree that failure to debit my account due the credit card issuer's dishonor of my credit card for whatever reason will result to the immediate cancellation of this authorization without prior notice.

PRINTED NAME & SIGNATURE

To be filled up by RFID Account Management Group

Customer Care (Front-Office)

Date Received : _____
Received & Verified by: _____
Location : _____
Remarks: _____

Customer Care (Back-Office)

Date Received : _____
Date Processed : _____
Processed by : _____
Remarks: _____