



COLLECTION SERVICE AMENDMENT FORM

DATE: MM/DD/YY

COMPANY NAME

PLEASE INDICATE SERVICE CHANGE REQUEST:

A. Change in Service	☐	B. Change in Payer's List	☐	E. Additional Payers	☐
C. Change in Account Information	☐	D. Change in Reporting Arrangement	☐	F. Deletion of Payer's List	☐

[PLEASE FILL OUT ONLY THE PORTION THAT NEEDS TO BE AMENDED]

A. SERVICE SELECTED [Please check the appropriate box/es below.]

1) Cash Collection from Customer	☐	3) Cash Collection from Customer's Payers	☐
2) Check Collection from Customer	☐	4) Check Collection from Customer's Payers	☐

B. PAYERS' LIST [Please indicate the complete name of additional/deleted payers. Please add another sheet if there are more than 10 payers]

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

C. ACCOUNT INFORMATION [Please specify reason for change]

FROM	Account Number				-			
TO	Account Number				-			

REASON FOR CHANGE

In the event that any check paid in connection with this Collection Service is returned or dishonored, the Customer hereby authorizes MUFG Bank, Ltd. to debit the enrolled account or any other account of the Customer for the face value of the said check and for charges incidental to the booking of the loan contemplated below, such as notarial fee, documentary stamp tax, principal and interest payment, insurance premium, appraisal, etc. Should there be insufficient funds in any of the said account, the Customer shall pay the deficiency to MUFG Bank, Ltd. upon notice or demand by MUFG Bank, Ltd. If the said account is a current or checking account and debiting will cause the same to be overdrawn, MUFG Bank, Ltd. shall automatically book a loan to the Customer in the amount of the shortfall to prevent such overdrawn from arising. The Customer shall pay this loan immediately upon notice or demand by MUFG Bank, Ltd.

V. REPORTING ARRANGEMENT [Please specify email recipient of detailed collection report]

Full Name of New Recipient	1.)	
	2.)	
	3.)	
Email address	1.)	
	2.)	
	3.)	

I/we hereby request you to process and effect the above mentioned amendment/s subject to the conditions setforth in the Memorandum of Agreement. We shall allow ten (10) business days of processing for the said amendments.

Authorized Signatory's Signature/Seal / Date

For Bank Use Only					
BOD			CBD		
DH	Person in charge	Signature Verified	DH	AA/AO	Date Received