



Enagic Philippines, Inc.  
16th Floor, RCBC Corporate Bldg  
26th & 25th Streets, Bonifacio Global City, Taguig City  
TEL: (632)519-5508 / (632) 659-5035 FAX: (632) 519-1923

## ALTERNATE PAYER FORM

I, ✓ \_\_\_\_\_ (*Name of Alternate Payer*) of legal age, presently residing at

✓ \_\_\_\_\_ with contact number/s ✓ \_\_\_\_\_

Hereby acknowledge to pay for the account of ✓ \_\_\_\_\_ (*Distributor Name*)

with Distributor Number ✓ \_\_\_\_\_.

### BANK DETAILS

Drawee Bank/Branch Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Check Numbers: from \_\_\_\_\_ to \_\_\_\_\_

Date (mm/dd/yy): from \_\_\_\_\_ to \_\_\_\_\_

**Note:**

**\*\*\*If the accounts become delinquent, Enagic Phils. Inc., will automatically offset the unpaid balance from the ALTERNATE PAYER's FULL COMMISSIONS/INCENTIVES/BONUSES without prior notice.\*\*\***

\_\_\_\_\_  
Alternate Payer's Signature

\_\_\_\_\_  
Date