

Third Party Representative Authorization Form

Please complete this form and attach the following documents: A. One (1) valid photo-bearing ID of the Principal Cardholder; and B. One (1) valid photo-bearing ID of the Authorized Representative.

You may send this duly-accomplished form and all required documents as scanned e-mail attachments to csdocs@eastwestbanker.com or via Fax at (02) 784-5601 to 02.

Name of Principal Cardholder		Name of Authorized Representative	
Credit Card Account Number/s		Relationship to the cardholder	
Mobile Number/s*		Mobile Number	
Office Number/s		Office Number/s	
Residence Number/s		Residence Number/s	

I hereby authorize the above-named Authorized Representative to perform the following on my Credit Card Account/s (*please tick only your preference depending on the level of authority you want to provide*):

- 1. PARTIAL AUTHORITY** – He/she may inquire on the account details including but not limited to Available Balance, Transaction Details, Account Status, Card Delivery Status, etc.
- 2. ABSOLUTE AUTHORITY** – He/she may execute requests on the account including but not limited to Change in Contact Information, Change in Billing Address, Rewards Redemption, Card Replacement, Availment of Card Features and Benefits, etc. However, requests for Credit Card Activation and Change in Demographic Details such as Birthday, Mother’s Complete Maiden Name, Civil Status, Embossing Name, etc. may only be requested by the Principal Cardholder.

I acknowledge and understand the risks of disclosing my personal and information on my Credit Card Account/s to my said Authorized Representative and allowing the latter to manage my Credit Card Account/s on my behalf. I further acknowledge that any and all acts of my Authorized Representative on my Credit Card Account/s shall be binding upon me. I likewise agree to be responsible and liable for all charges and transactions on my Credit Card Account/s including penalties and charges in the event of the unauthorized usage of my Credit Card Account/s or any mishandling of the same by said Authorized Person. I shall hold East West Banking Corporation (“EWBC”) free and harmless from any and all damages I may suffer arising out of or in connection with the foregoing authority and shall keep EWBC indemnified against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by EWBC of whatever nature and howsoever arising, out of or in connection with its implementation of the foregoing authority. My Authorized Representative shall continue to act as such unless and until EWBC receives, and has reasonable time to act upon, a written notice from me terminating the authorities of my Authorized Representative.

Principal Cardholder: _____
Signature over Printed Name

Date: _____

As the Authorized Representative of the above-named Principal Cardholder, I hereby authorize EastWest Bank to contact me through any of my contact numbers above regarding the settlement of any outstanding obligation and/or amortization of the Principal Cardholder in case of the latter’s non-payment or default in respect of his outstanding obligation and/or amortization.

Authorized Representative: _____
Signature over Printed Name

Date: _____

**An SMS confirmation will be sent to your mobile number confirming the receipt of your document/s within 1 to 2 banking days.*