DAVAO DOCTORS HOSPITAL
We care for life

AUTHORITY TO DEPOSIT

CHECK FOR CASH DIVIDEND

In case of several shareholders is one Certificate of Stocks, write all the names as it appear in the certificate.

_____ _____ _____
Last Name First Name Middle Name

Billing Address: _____

Email Address: _____

Telephone Number: _____ Mobile Number: _____

This is to authorize DAVAO DOCTORS HOSPITAL (CLINICA HILARIO), INC. to deposit to my/our bank account the check(s) representing my/our DDH cash dividends. It is understood that this Authority to Deposit should be received by Treasury Department at least 30 days before the date of release of the cash dividends. Any check issued prior to the submission of this authority shall not be covered.

Check one (1) bank, type of account and indicate account name and number where your check will be deposited.

[ ] BANCO DE ORO ACCOUNT NAME: _____

( ) SAVINGS ( ) CURRENT

					-							-	

[ ] METROBANK ACCOUNT NAME: _____

( ) SAVINGS ( ) CURRENT

			-		-									-	

We/I am voluntarily giving the following information to facilitate this arrangement. We/I further certify that the information/details given are true and have been verified by me.

	Name of Shareholders	Signature
1		
2		
3		
Note: All Shareholders must sign. In case of minor, please indicate		

Reminder: Enrolment of account takes 30 business days upon receipt of Authority to Deposit Form by Treasury Department. You may contact (082) 222-8000 local 1121 or email at ddhfinancetreasury@yahoo.com.ph for status update. Kindly attach photocopy of two (2) valid IDs upon submission.

_____

DDH Use Only

Received By: _____ Date Received: _____

Remarks:	**Checked By:**	**STATUS**
	Verified By:	