

**Metrobank**

METROPOLITAN BANK & TRUST COMPANY

ACCOUNT MAINTENANCE AND INSTRUCTION FORM

Date of Request	Account Name	Branch of Account	Account Number
-----------------	--------------	-------------------	----------------

Account Maintenance (Please update the following information, as marked below.)

	FROM	TO
<input type="checkbox"/> Account Name	_____ Last Name, First Name, Middle Name	_____ Last Name, First Name, Middle Name
<input type="checkbox"/> Birthday	____/____/____ mm dd yyyy	____/____/____ mm dd yyyy
<input type="checkbox"/> Birthplace	_____ City/Municipality Province	_____ City/Municipality Province
<input type="checkbox"/> Country of Birthplace	_____	_____
<input type="checkbox"/> Gender	_____	_____
<input type="checkbox"/> Nationality	_____	_____
<input type="checkbox"/> Others	_____	_____

By signing this form, I hereby authorize Metrobank to change the information in my Metrobank payroll account as requested in this form.

Other Client Instructions/Account Maintenance

--

_____
Accountholder's Name and Signature_____
Date of Request**Requester/Processed By****Reviewed / Approved By**