TO: ALL EMPLOYEES

FROM: FINANCE DEPARTMENT – PAYROLL

SUBJECT: REPLACEMENT OF EXPIRING PAYROLL ATM CARDS

DATE: FEBRUARY 05, 2026

REF #: FIN–000–26–2–039

CC: FILE/DC/BULLETIN BOARD/ALL DEPARTMENTS

This memo serves to inform employees whose Payroll ATM Cards will expire soon that replacement cards will be processed to ensure continuous payroll crediting. Employees whose cards are due for expiration must submit the following requirements to the 3rd floor receiving area.

Required Documents

1. Scanned copy of the old Payroll ATM Card and Company ID combined in one file.
2. Duly accomplished Debit Card Request Form. See ff. pages for your reference and copy.
3. Photocopy of one (1) valid government-issued ID with three (3) specimen signatures.

To avoid delays in processing, please ensure all documents are complete and submitted on or before **February 11, 2026.**

Release of New Payroll ATM Cards

All concerned employees are required to be physically present on **February 24, 2026**, for the release of their new Payroll ATM Cards. Personal appearance is required for identity verification; therefore, representatives or authorization letters will not be accepted. Employees are required to change the PIN of their new ATM card the following day after receipt to ensure the security of their account.

Kindly check the expiration date indicated on your Payroll ATM Card and comply accordingly.

For any questions or assistance, you may contact the undersigned.

Thank you for your cooperation.

PREPARED BY:

02/05/2026

MARIBEL P. PEÑA
Accounting Assistant Payroll – III

NOTED BY:

2/5/26

WILHELM M. ALBALADEJO
Finance Assistant Manager

APPROVED BY:

2/4/2026

EDITHA M. FLORES
Finance Assistant Vice President

DEBIT CARD REQUEST FORM

BPI

RM NUMBER _____

CUSTOMER NAME	First Name: JUAN	M.I: PEREZ	Last Name: DELA CRUZ
ACCOUNT NUMBER	XXXX XXXX XX		
CARD NUMBER	XXXXXX XXXX XXXX XX		
NAME TO APPEAR ON DEBIT CARD	J U A N _ D E L A _ C R U Z		

(APPLICABLE ONLY IF CUSTOMER'S NAME EXCEEDS 21 CHARACTERS INCLUDING SPACES)

A. REQUEST FOR DEBIT CARD

- ☐ New Card Issuance
- ☐ Lost/Stolen/Fraud
- ☐ Renewal
- ☐ Damaged/Perforated
- ☐ Captured
- ☐ Change Name
- ☒ Deactivated / Expired
- ☐ Change Debit Card Type **From:** _____ **To:** _____
- ☐ Change Deposit Account Type **From:** _____ **To:** _____

I hereby authorize the Bank to debit from my Account Number: _____ the Debit Card ("Card") request fee.

I hereby agree that if I fail to claim the Card within ninety (90) days from the date of my request, the Card will automatically become void, be perforated, and a new Card request shall be filed. If the application is due to lost/stolen Card, I agree that this application serves as my written report to the Bank of such loss and request for cancellation of the lost Card. I hold the Bank free and harmless from any and all liabilities and agree to reimburse/indemnify the Bank for any and all costs, damages, claims, suits and other expenses of whatever kind and nature, which the Bank may incur or suffer by reason of the cancellation and dishonor of the lost Card.

☐ Forward my new Debit Card to _____ Branch

I hereby acknowledge receipt of the debit card on the date indicated herein.

Cardholder's Signature	Date Card Received	Sig Verified By:	Approved By:

B. REQUEST FOR PERSONAL IDENTIFICATION NUMBER (PIN) / TELEPHONE IDENTIFICATION NUMBER (TIN) REACTIVATION / RESET

- ☐ Reactivate Expired Initiating PIN
- ☐ PIN Try Reinstatement
- ☐ TIN Try Reinstatement
- ☐ Request for PIN Mailer Card No. _____ Forward my PIN Mailer to _____ Branch

For Initiating PIN Reactivation - I hereby notify the Bank that I was unable to change the Initiating PIN within the allotted period and therefore request that the Initiating PIN issued to me be re-activated for this purpose. I acknowledge that I must change this initiating PIN to my personal PIN within two (2) banking days after reactivation.

I hereby certify that I am the Cardholder and that I am the only one who has knowledge of my PIN, which I personally nominated. Transactions arising from the unauthorized use of my Card shall be my sole responsibility.

C. CARD CONTROL

Request to:

- ☐ Add Linked Account/s: _____
- ☐ Remove Linked Account/s : _____

	FROM	TO
Main Deposit Account		
Change Card Status		
Transaction Limit • **Withdrawal Limit** • **Purchase Limit**	_____ _____	_____ _____
Card Access	**International Access** ☐ Activate ☐ Deactivate	**E-Commerce Access** ☐ Activate ☐ Deactivate

KINDLY SIGN HERE ⬇⬇

_____ **Cardholder's Signature**

_____ **Date**

FOR BANK USE ONLY

REFERENCE # (For Pre-Embossed Card)

SIG VERIFIED BY:	APPROVED BY:

DEBIT CARD REQUEST FORM

RM NUMBER _____

CUSTOMER NAME	First Name	M.I	Last Name
ACCOUNT NUMBER			
CARD NUMBER			
NAME TO APPEAR ON DEBIT CARD			

(APPLICABLE ONLY IF CUSTOMER'S NAME EXCEEDS 21 CHARACTERS INCLUDING SPACES)

A. REQUEST FOR DEBIT CARD

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☐ Damaged/Perforated ☐ Captured ☐ Change Name
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☐ Change Debit Card Type **From:** _____ **To:**_____
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_____ _____
Cardholder's Signature **Date**

FOR BANK USE ONLY

REFERENCE # (For Pre-Embossed Card)

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