

ADA Update Request Letter

_____ Date



EASYTRIP SERVICES CORPORATION

Unit 701, 7th Floor, Citystate Center
709 Shaw Boulevard, Pasig City

I am writing to request for the updating of the threshold amount / replenishment amount of my Easytrip account using the credit card I previously enrolled for Auto Debit Arrangement. Details of my request and Easytrip account are indicated as follows:

DETAILS TO BE UPDATED		EASYTRIP ACCOUNT INFORMATION	
Threshold: <i>(minimum of Php 500.00)</i>		Account Name:	
Replenishment Amount		Account No.:	
<input type="checkbox"/> Php 500.00	<input type="checkbox"/> Php 4,000.00	Other Easytrip Account No/s. (if any):	
<input type="checkbox"/> Php 1,000.00	<input type="checkbox"/> Php 5,000.00	Email Address:	
<input type="checkbox"/> Php 2,000.00	<input type="checkbox"/> Others: Php _____	Contact No.:	
<input type="checkbox"/> Php 3,000.00			
EASYTRIP SUBSCRIBER'S SIGNATURE OVER PRINTED NAME		CARDHOLDER'S SIGNATURE OVER PRINTED NAME	
Email completely filled out forms and requirements to: support@easytrip.ph (NLEX) support.south@easytrip.ph (Cavitex, C5 Link, CALAX) Or forward to Easytrip Sales Personnel at any of our stations. Visit www.easytrip.ph for the list of Easytrip stations. Note: Requests with incomplete details and requirements will not be processed.		For POS use only: RECEIVED BY: _____ STATION: _____ DATE: _____ For CRM use only: PROCESSED BY: _____ PROCESSED DATE: _____	