

A. Application

I, the undersigned, herein referred to as "Depositor", whose name, personal data, and other information are as inscribed in the schedule below, written by me or under my direction, hereby apply for **OIC ATM Savings Deposit Agreement**, herein referred to as "ATM Savings", of Oro Integrated Cooperative (OIC) herein referred to as the "Cooperative".

I acknowledge that the terms of the savings are set out below and in the corresponding ATM Savings Specifications. **I have received, read and agree to the terms therein.**

I certify the information set out below is correct and agree to provide any further information which may be required

B. Depositor Information

Last Name	First Name	Name Extension (e.g. Jr.)	Middle Name

C. ATM Savings Specifications

1. Product Characteristics and Features

- The minimum opening amount is P200 only.
- Maintaining balance is P200.
- The interest rate per annum is 1.5%, computed based on the daily average balance.
- Interest earned is credited at the end of each quarter.
- Interest earned is free of withholding tax.

2. Terms and Conditions

- An additional cost of P100 will be charged for the issuance of the ATM card.
- Withdrawals from ATM Savings can be accessed through the Automated Teller Machines (ATMs) using the PinoyCoop card issued.
- All transactions done using the PinoyCoop ATM card thru the PinoyCoop ATM kiosk have the following fees.

<i>Withdrawal</i>	<i>P 5.00</i>
<i>Inquiry</i>	<i>P 2.00</i>
- All transactions done using the PinoyCoop ATM card thru bank ATM kiosks are subject to fees mandated by the bank.
- The daily withdrawal limit is P50,000.00
- The maximum amount per withdrawal is P10,000.00
- Up to 5 transactions per day only, inclusive of balance inquiry

I HEREBY DECLARE THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE, CORRECT, AND COMPLETE IN EVERY RESPECT. I promise to abide to the terms and conditions set forth in the policy of OIC ATM Savings without any reservations, upon approval of my application.

Signed this ____ day of _____, _____ at _____.

DEPOSITOR SIGNATURE OVER PRINTED NAME _____
DATE SIGNED _____

SIGNATURE OF AUTHORIZED PERSONNEL _____
DATE SIGNED _____

TO BE FILLED OUT BY OIC PERSONNEL												
ATM Savings Account Number								Customer ID Number	Initial Deposit	Date Opened	O.R. Number	