

CREDIT INFORMATION CORPORATION
BILLING AND COLLECTION

ACTION REQUEST FORM

DATE:

NAME OF ACCESSING ENTITY: Rural Bank of Pandi (Bulacan), Inc

ACCOUNT NUMBER: 301705000111

TYPE OF REQUEST

☐

 Increase/Decrease in Access Limit from: _____ to: _____

☐

 Increase/Decrease in Advance Payment from: _____ to: _____

☐

 Reactivation

☐

 Deactivation

☐

 Reconciliation of Account

☐

 Billing Dispute

☐

 Update of Billing and Collection Point Person (BCPP)

Name:

E-mail Address:

Telephone No.

☐

 Other Concern(s):

Requested By:

FOR CIC'S USE ONLY

Processed By: _____

Reviewed By: _____

Approved ☐ Disapproved ☐

By: _____

Date: _____

Date: _____

Date: _____

Remarks: _____