## **LANDBANK MASTERCARD Credit Card**

## Paper Statement Opt-In Form

For verification purposes, please provide the following information so we can process your request to send your monthly printed Statement of Account via mail/courier.

CARDHOLDER NAME	:	 	 		
CARD NUMBER					
DATE OF BIRTH	:	 			
BILLING ADDRESS	:				
EMAIL ADDRESS	:	 	 		
CONTACT NUMBER/S	:	 			
			 Signature		

## Note:

Cardholders who opt to receive a paper statement will be charged a statement printing/reprinting fee of Php100.00. Please send the completed form to <a href="mail.landbank.com">customercare@mail.landbank.com</a> or <a href="mail.landbank.com">ccad@mail.landbank.com</a>.