



September 5, 2014

Mr. Diosdado M. San Antonio
Regional Director
DEPED Reg. IV-A Calabarzon
Cainta, Rizal

Dear Director San Antonio:

We would like to inform you that we have made improvements in our billing and collection system. These improvements aim to provide member-agencies easy access to GSIS billing files (EBF), easy transmittal of Remittance File (ERF) and the convenience of making payments using any of the three modes i.e., *over-the-counter*, *through bank* or *online*.

This move is in compliance with the DBM Circular Letter No. 2013-16 dated December 23, 2013 requiring the implementation of the Expanded Modified Direct Payment Scheme (ExMDPS) for Accounts Payable Due Creditors/ Payees of all DEPED Remitting Agencies.

In this connection, we are inviting your authorized representatives to attend the briefing and training on the said enhancements on September 12, 2014 at 9:00 am to 12:00 pm to be held at *GSIS Training Room B, 3rd Level, Core G, GSIS Bldg., Pasay City*.

May we request the presence of the following personnel:

- ★ 1. **Finance Officer** or the person who authorizes disbursement of payment
- ★ 2. **Remitting Agency Officer** or the person who prepares the GSIS remittance file


The training will cover introduction to and procedures on the **new eBilling and Collections System (eBCS)**.

Thank you for your usual support.

Very truly yours,


Lolita M. Pureza
Department Manager, NCR 3

Note: Attached is the enrollment form to be accomplished by the authorized representatives endorsed by the agency head who will be the primary eBCS user and the point person for your agency's billing and remittance transactions with GSIS.

9/5/12
To: All SDSs,
For your information
and appropriate
action. Thank you,
God Bless!


Received: Joseph
9/5/14
6029



eBCSENROLLMENT FORM

<input type="checkbox"/> Finance Officer Data Sheet		<input type="checkbox"/> New
<input type="checkbox"/> Remitting Agency Officer Data Sheet		<input type="checkbox"/>
	Termination	
Office Name		
Agency BP No		
Office Address		
GSIS Old ID No./BP No.		
Last Name		
First Name		
Middle Name		
Remitting Agency Officer/Finance Officer Contact Details		
Cell Phone Number:		
Office Telfax1 Number with Area Code		
Office Telfax2 Number with Area Code		
Email Address		
Remitting Agency Officer/Finance Officer Mother's Maiden Name Information		
Mother's MaidenLast Name		
Mother's First Name		
Mother's Maiden MiddleName		
Signatures of Requesting Agency Officers		
Remitting Agency Officer/Finance Officer:		

Signature over Printed Name	Designation/Position	Date Accomplished
Indorsing Officer:		

Signature over Printed Name	Designation/Position	Date Accomplished
<i>We understand that by affixing our signatures on the above, authorization when granted, is specific to the office specified in this application form. Moreover, it will be disabled after GSIS received request for termination.</i>		
Please Do Not Fill-Up. For GSIS Use Only		
Reviewed by GSIS Accounts Management Staff		
Approved by GSIS Department Manager/Branch Manager		Date Accomplished
Action Taken		Initial & Date
<input type="checkbox"/> Authorization Enabled <input type="checkbox"/> Authorization Disabled		
Notes:		
1. All boxes MUST be filled up (Type or Print) except signature/designation portion of the authorized officer for TERMINATION		
2. Authorizations are valid until request for termination is received by the GSIS		