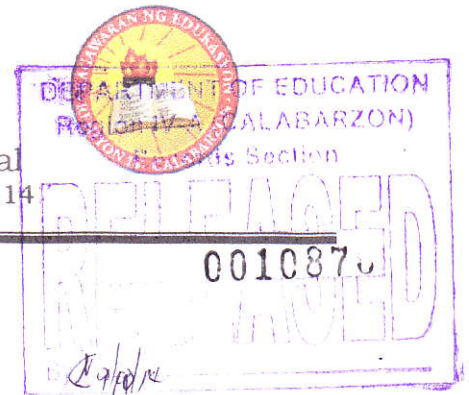




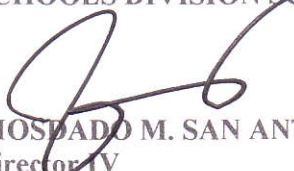
Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
**REGION IV-A CALABARZON**

Gate 2, Karangalan Village, Cainta Rizal  
Email: [depd\\_ro4a@yahoo.com](mailto:depd_ro4a@yahoo.com) Fax: (02)682-2114



**MEMORANDUM**

**TO :** SCHOOLS DIVISION SUPERINTENDENTS

**FROM :**  DIOSDADO M. SAN ANTONIO  
Director IV

**SUBJECT :** One-Day Briefing and Training on the Introduction and Procedures on the New e-Billing and Collections System (eBCS)

**DATE :** September 9, 2014

Please advise the following concerned division personnel to attend One-Day Briefing and Training on the Introduction and Procedures on the New e-Billing and Collections System (eBCS) scheduled to be held on *September 12, 2014 at 9:00 a.m. at GSIS Training Room, B, 3<sup>rd</sup> Level, Core G, GSIS Building, Pasay City.*

School Division Offices (SDO's) - 4	City Division Offices (2)
1) Division Accountant and Alternate	1) City Division Accountant
2) Agency Authorized Officers (AAO's) and Alternate	2) Agency Authorized Officers (AAO's)

Please fill -up and bring the attached "*eBCSENROLLMENT FORM*" to be used during the training.

Your attendance is hereby enjoined.

Received: Joseph  
9/10/14  
6036



## eBCSENROLLMENT FORM

Finance Officer Data Sheet  New

Remitting Agency Officer Data Sheet 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 Maiden Last Name

Mother's First Name

Mother's Maiden Middle Name

**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

*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.*

**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

Authorization Enabled  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