Government Service Insurance System
Electronic Billing and Collection System
GSIS Maaasahan ng Lingkod-Bayan
EBCS

eBCS ENROLLMENT FORM

Remitting Agency Officer/ Finance Office Data Sheet	☐ **New**	☐ **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		

I hereby confirm that I have read and understand fully the Privacy Policy of the GSIS pursuant to the requirements of Republic Act No. 10173, otherwise known as the Data Privacy Act, and thereby give my consent to the manner of collection, use, access, disclosure and processing of my sensitive personal information by the GSIS.

Signatures of Requesting Agency Officers

Remitting Agency Officer/Finance Officer:

Signature over Printed Name | Designation/Position | Date Accomplished

Endorsing 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 receives a 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 ☐ Authorization Enabled ☐ Authorization Disabled	Initial & Date

Notes:

1. **All boxes MUST be filled up (Type or Print) except signature/designation portion of Remitting Agency Officer/Finance Officer for TERMINATION**
2. **Authorizations are valid until request for termination is received by the GSIS**