



BANCNET EDI SYSTEM - ENROLLMENT FORM

ELECTRONIC DATA INTERCHANGE

1. Supply all requested information by filling in the blanks and write N/A whenever item is not applicable.
2. Accomplish this form in three (3) copies.
3. Submit duly accomplished form to your designated Depository Bank.

EMPLOYER DETAILS

Registered Employer Name		
Employer Address		
Telephone No.	Fax	E-Mail Address
Employer SSS ID No.	No. of Employees	SSS Branch(es):
Company Coordinator		E-Mail
Department		Designation

This is to confirm the participation of our Company in the expanded BancNet-SSSNet System whereby we agree to submit our SSS Monthly Contribution List (MCL) and Loan Repayments Collection List (LCL) and remit the corresponding Payment Orders (PO) electronically to SSS and our bank respectively, following prescribed EDI message formats; that the information contained therein shall be accurate and complies with the SSS requirements; and that we abide by the terms and conditions, including the procedures as may be required by SSS in the submission of MCL and remittance of actual contributions; and that any document or EDI message transmitted pursuant to the implementation of the expanded BancNet-SSSNet System shall be considered in writing and shall have been approved by the authorized representatives of our company.

Likewise, we hereby authorize our designated depository bank to deduct from the bank account specified below the monthly payments due to the SSS and for the remittance of said amount to the SSS Depository Bank according to the prescribed schedule.

Finally, it is understood that the information contained herein is correct and true as of date of enrollment, and shall remain in effect until corrections or changes are transmitted in writing to all affected parties.

By : **Authorized Company Official(s)**

_____	_____	_____
Signature over Printed Name	Position / Official Designation	Date
_____	_____	_____
Signature over Printed Name	Position / Official Designation	Date

DEPOSITORY BANK DETAILS

Depository Bank	Branch Name	Bank Code □□□□	Branch Code □□□□
Account Number		Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current	
Depository Bank Contact Person			
Designation		Signature	
Telephone No.	Fax	E-Mail Address	

For BancNet Use Only

Received by	TEST User ID	Processed by
Test Completion Date	PRODUCTION User ID	Processed by