

_____ Date

AUTHORIZATION

This is to authorize the **AFP RETIREMENT AND SEPARATION BENEFITS SYSTEM (AFP RSBS)** thru its authorized representative to deposit the proceeds of my claim for refund of contributions to the AFP RSBS to my bank account with the following details:

Account Name: _____

Account Number: _____

Type of Account: Savings () Checking () Others ()

Name of Bank: _____

Address of Branch: _____

I hereby acknowledge the receipt of the amount of my refund claim upon issuance of my depository bank of the duly acknowledge and validated deposit slip.

Printed Name & Signature of Member-Claimant

_____ _____
Serial Number Branch of Service

Witnessed and Received by:

Printed Name & Signature of RSBS Personnel