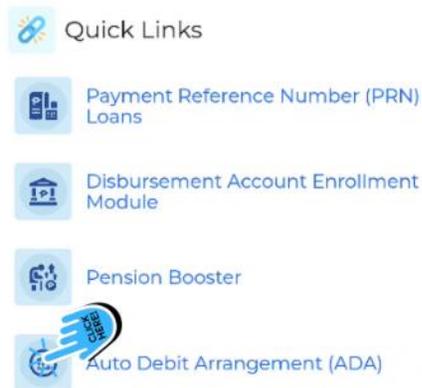
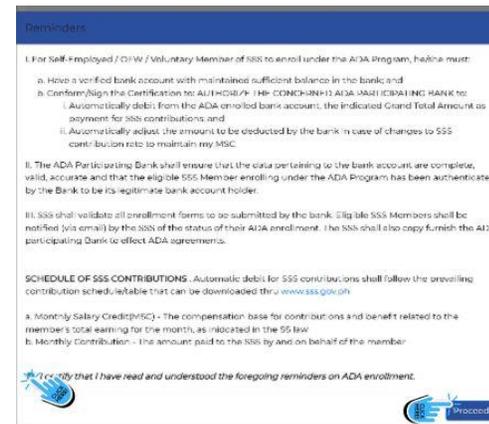


Auto – Debit Arrangement (ADA)

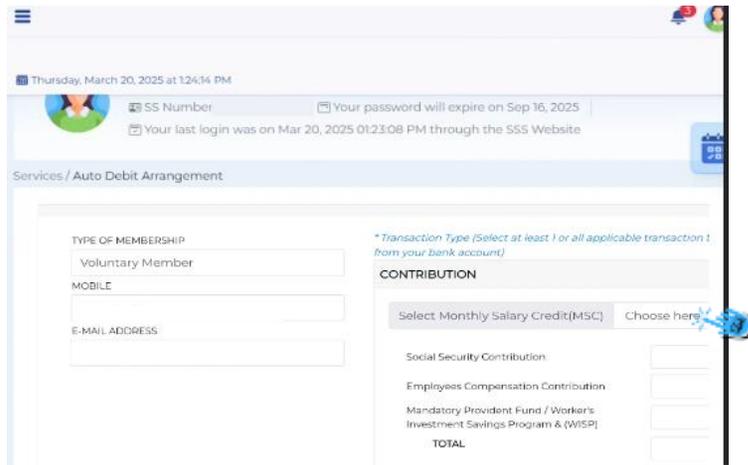
1. Pagka-login sa inyong account, magpunta sa **"Quick Links"** sa ibabang bahagi ng inyong Dashboard, at i-click ang **"Auto Debit Application"**.



2. Basahin at unawain ang **"Reminders"** tungkol sa pag apply ng **"Auto-debit Application (ADA)"** I-click ang box na **"I certify that I have read and understood the foregoing reminders on ADA enrollment"** I-click ang **"Proceed"**



3. Hanapin ang **“Contribution”** at sagutan kinakailangang impormasyon gaya ng **“Select Monthly Salary Credit”**. I-click ang **“Choose here”** upang pumili.



Thursday, March 20, 2025 at 12:14 PM

SS Number | Your password will expire on Sep 16, 2025
Your last login was on Mar 20, 2025 01:23:08 PM through the SSS Website

Services / Auto Debit Arrangement

TYPE OF MEMBERSHIP
Voluntary Member

MOBILE

E-MAIL ADDRESS

* Transaction Type (Select at least 1 or all applicable transaction 1 from your bank account)

CONTRIBUTION

Select Monthly Salary Credit(MSC) Choose here

Social Security Contribution

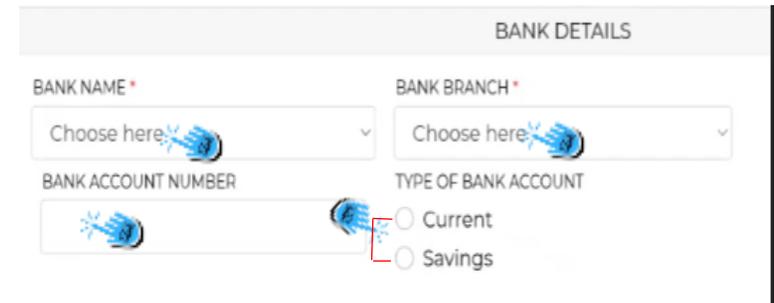
Employees Compensation Contribution

Mandatory Provident Fund / Worker's Investment Savings Program & (WISIP)

TOTAL

4. Pumunta sa seksyong **“Bank Details”** at ilagay ang mga sumusunod na impormasyon:

- Pangalan ng bangko (Bank Name)
- Sanga ng bangko (Bank Branch)
- Numero ng bangko (Bank Account Number)
- Uri ng account (Type of Bank Account)



BANK DETAILS

BANK NAME * | BANK BRANCH *

Choose here | Choose here

BANK ACCOUNT NUMBER | TYPE OF BANK ACCOUNT

Current
Savings

5. Kapag nasuri at nakumpirma mo na ang lahat ng impormasyon, i-click ang "Enroll" upang ipagpatuloy ang aplikasyon.

BANK DETAILS

BANK BRANCH *
FAIRVIEW-COMMONWEALTH

TYPE OF BANK ACCOUNT
 Current
 Savings

[Enroll](#) [Cancel](#)

6. Pindutin ang “Generate ADA FORM” at hintaying matapos ang pag download ng file.

Thursday, March 20, 2025 at 12:54:21 PM

SS Number: [Redacted] | Your password will expire on Sep 16, 2025 | Your last login was on Mar 20, 2025 01:23:08 PM through the SSS Website

Services / Auto Debit Arrangement

PLEASE PRINT AND SIGN THIS ADA FORM THEN SUBMIT TO YOUR BANK FOR VERIFICATION AND PROCESSING. Your ADA enrollment will expire within thirty(30) calendar days, if not verified by the bank.

[Generate ADA FORM](#)

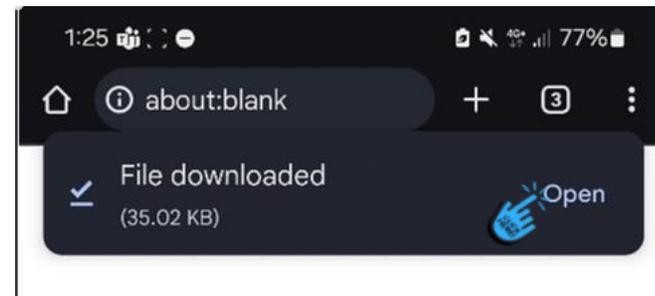
CURRENT STATUS OF YOUR AUTO-DEBIT ARRANGEMENT(ADA) ENROLLMENT:
 Pending for Bank Details Verification and Processing. Date applied: 03/20/2025

BREAKDOWN OF TOTAL AMOUNT FOR MONTHLY DEBIT:

CONTRIBUTION:	₱3,000.00
LOAN:	₱0.00
TOTAL ADA AMOUNT:	₱3,000.00

Downloading file...
See notification for download status

7. I-click ang “Open”



8. I-print at sagutan ang form. I-submit ito sa banko na inyong inilagay.

**SOCIAL SECURITY SYSTEM
 AUTO-DEBIT ARRANGEMENT(ADA) ENROLLMENT FORM**

PLEASE GO TO YOUR ENROLLED BANK AND SUBMIT THIS PRINTED ADA ONLINE ENROLLMENT FORM FOR VERIFICATION OF BANK DETAILS. YOUR ADA ENROLLMENT WILL NOT PROCEED UNLESS VERIFIED BY THE BANK.

NAME OF THE MEMBER	
BANK DETAILS	
BANK ACCOUNT NUMBER	BANK ACCOUNT NAME
PHILIPPINE NATIONAL BANK	FAIRVIEW-COMMONWEALTH
TYPE OF BANK ACCOUNT	BIRTH
SAVING	01082193
IDENTIFICATION AND DATA PRIVACY NOTICE	
I hereby authorize the above stated bank to automatically deduct from my account the grand total amount of THREE THOUSAND (P 3,000.00) and to remit the same to SSS monthly. In case there is an increase in contribution rate, I further authorize the SSS to automatically adjust the amount to be deducted by the bank from my account to maintain my monthly salary credit. It is hereby understood that the information contained herein shall remain in force, and the necessary arrangements are made in writing and I hereby agree to be bound by the terms and conditions printed in the reverse hereof.	
Pursuant to Sec. 24 (c), SS Act of 1978 (RA 11133) and the Data Privacy Act of 2012 (RA 10173), SSS shall keep confidential and secure all the information using organizational, physical and technical measures and procedures. For detailed information about SSS Data Privacy Policy, please refer to the SSS Privacy Notice posted at www.sss.gov.ph	
PRINTED NAME & SIGNATURE OF MEMBER	DATE
TO BE FILLED OUT BY BANK	TO BE FILLED OUT BY SSS BRANCH
RECEIVED BY: [Signature]	RECEIVED BY: [Signature]
YOUR EC BY: [Signature]	YOUR EC BY: [Signature]
APPROVED BY: [Signature]	APPROVED BY: [Signature]

TERMS AND CONDITIONS

- The BANK shall ensure that the data pertaining to the bank account are complete, valid, and accurate and that the eligible SSS Member enrolling under the ADA Program has been authenticated by the BANK to be its legitimate bank account holder. SSS shall validate all enrollment forms to be submitted by the BANK. Eligible SSS Members shall be notified (via email) by the SSS of the status of their ADA enrollment.
- EFFECTIVITY.**

Email date of Notice of Approval	Effectivity of Auto-debit
1st day to the 15th day of the month	Same month
16th day to the end of the month	Succeeding month

- BILLING.** The BANK is authorized by the SSS Member to debit on the 10th day of the month from his/her account the amount in the collection and/or billing lists to be provided by the SSS. Any discrepancy between the amount advised and the amount debited per SSS record(s) or any complaint arising from this ADA Program shall be taken directly by the SSS Member with the SSS.
- AVAILABILITY OF FUNDS.** The SSS Member guarantees to maintain that the ADA-enrolled bank account has sufficient balance to cover the SSS-related payments for the ADA Debit. In the event the member fails to maintain sufficient funds in his/her account to cover his/her SSS payment/s for a particular month, the BANK shall have no obligation to debit on the succeeding month the corresponding amount. In case of auto-debit failure due to insufficient funds in the ADA user bank account or non-debit/delayed remittance of ADA Participating Bank, existing policies on penalties of employers and banks and payment of contribution gaps and loan amortization for individual members and employers shall still be applied.

WARNING
 ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENT IN CONNECTION WITH THIS APPLICATION SHALL BE LIABLE CRIMINALLY UNDER SECTION 28 OF R.A. 11199 OR UNDER PERTINENT PROVISION OF THE REVISED PENAL CODE OF THE PHILIPPINES.