

**AUTHORITY TO DEBIT/CREDIT ACCOUNT**

\_\_\_\_\_  
DATE

**THE BRANCH HEAD**

LBP Roxas Blvd. (Libertad) Branch

Please debit \_\_\_\_\_ with \_\_\_\_\_  
(Account Name) (Account Number)

The amount of \_\_\_\_\_ (P \_\_\_\_\_ )  
(In Words) (In Figures)

And credit to \_\_\_\_\_ with \_\_\_\_\_  
(Account Name) (Account Number)

representing \_\_\_\_\_  
(Purpose)

This is also to authorize debit from my/our account, the corresponding service charge, if any.

For joint account: I/We declare under penalty of perjury that my/our co-depositor is/are living.

\_\_\_\_\_  
Name and Signature of  
Authorized Signatory

\_\_\_\_\_  
Name and Signature of  
Authorized Signatory

Verified by:	Checked by:	Approved by:	Sight Verified by:
Validation Print			

Please email accomplished form to [ofms@dfa.gov.ph](mailto:ofms@dfa.gov.ph)