



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
SCHOOLS DIVISION OF NEGROS ORIENTAL

(Date)

CONCURRENCE

This is to concur the **AUTHORIZED WIDRAWAL** from the **ATM Account** of

_____ with **ATM No.** _____,
(Name of Account Holder)

authorizing Mr./Mrs./Ms. _____ to make over-the-
(Name of Representative)

counter withdrawal in the amount of _____.

CONCURRED:

Signature of **Account Holder** above printed name
School/District: _____

Signature of **Authorized Person** above printed name

Signature above printed name of Public Schools District Supervisor
(To be initialed by School Head of account holder)

SENEN PRISCILLO P. PAULIN, CESO V
Schools Division Superintendent

Noted: To be presented for the signature of the SDS and to the bank teller by the Authorized Representative together with:

1. **Yellow Withdrawal Form** duly accomplished by the Account Holder
(Space for Authorized Withdrawal **NOT** to be accomplished)
2. I.D. of Account Holder
3. I.D. of Authorized Representative



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