

Payment Mandate **ANTIGUA** for payment in XCD

Application for payment by direct deposit into a bank account

PLEASE INDICATE WHETHER THIS IS A NEW INSTRUCTION OR AN AMENDMENT TO EXISTING ACCOUNT DETAILS

NEW AMENDMENT

- Fill in the form in CAPITAL LETTERS. Complete account number from the left & include any dashes (-).
- Complete Parts 1 and 2. Your bank will help you if you are not sure of the branch/bank codes.
- Sign Part 3.
- If you have nominated a cheque account, please attach a cheque, clearly marked 'CANCELLED', to this form.

PART 1	
Your Name:	_____
	Forename(s) Surname
Your Address:	_____ _____
Your Reference Number if you have one:	FI2/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART 2	
Name of Bank or Financial Institution:	_____
Name of Branch of Bank or Financial Institution:	_____
Full Address of Bank or Financial Institution:	_____ _____
Bank Code:	<input type="text"/> <input type="text"/> <input type="text"/>
Branch Transit Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Account:	0 = Checking <input type="checkbox"/> 1 = Savings <input type="checkbox"/> 3 = Other <input type="checkbox"/>
The Account is in the Name(s) of:	_____

PART 3 Please sign below	
Please pay my pension payments by direct deposit to the account noted above:	
Signature: _____	Date: _____

FOR OFFICE USE ONLY			
Created (✓): <input type="checkbox"/>	Amended (✓): <input type="checkbox"/>	Inputter: _____	Date: _____
Other (specify): _____	Authoriser: _____	Date: _____	