

Moving money where it's needed

Payment Mandate DOMINICAN REPUBLIC - DOMINICAN PESO

Application for payment by direct deposit into a bank account

PLEASE INDICATE V	VHETHER THIS IS A NEW INSTRUCTION OF	R AN AMENDMENT TO EXISTIN	G ACCOUNT DETAILS
NEW [✓]	AMENDMENT [✓]		
	n in CAPITAL LETTERS. Complete ຄ	account number from the	a left & include any dashes (-)
	ts 1 and 2. Your bank will help yo		•
Sign Part 3.	to I tilla 2. Total Saint Till 115.p ; 5	ra ii you are not sare s. s.	The brunery burne course.
•	ominated a cheque account, pleas	se attach a cheque, clearl	v marked 'cancellep', to this form.
]	21	70 detaon a one-par-y energy	, mana
		PART 1	
Varia Namor			
Your Name:	Forename(s)		urname
Your Address	Forename(s)		urname
			
Your Reference	Number if you have one:	FI2/	Date of Birth:
Tour Reference	Number if you have one.	112/	Date of Birtii.
		PART 2	
Name of Bank or Financial Institution:			
Name of Branch	of Bank or Financial Institution:		
ivallie of Branci	of Bank of Financial institution.		
Full Address of	Bank or Financial Institution:		
Bank Code:	Branch Tr	ransit Number:	
	<u></u>		
			
Account Number	ir:		
T f A	o charling T] 4 Cardana []	2 Others 🗔
Type of Accoun	t: 0 = Checking	1 = Savings	3 = Other
The Account is i	n the Name(s) of:		
THE ACCOUNT IS I	n the Name(s) of:		
	PART	3 Please sign below	
		-	
Please pay my	pension payments by direct deposit t	o the account noted above	:
Signature:			Date:
Jigilature.			Dutc.
	FOR	R OFFICE USE ONLY	
Created (✓):	Amended (✓):	Inputter:	Date:
		_	
Other (specify):		Authoriser:	Date: