

Payment Mandate **Grand Cayman**

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 Full Address (including town, city and state): _____

Your Reference Number if you have one: **FI2/**

PART 2

Name of Bank or Financial Institution: _____

Branch where account held: _____

Town/city & State: _____

Full Address of Bank or Financial Institution _____

Bank Local Sort/Bank Code _____ [If known]

Bank BIC (SWIFT) Code This can be obtained from your bank

Account Number: _____

Currency of Account: _____

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 (✓): Amended (✓): Inputter: _____ Date: _____
Other (specify): _____ Authoriser: _____ Date: _____