

**Payment Mandate DOMINICA**

**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 [✓]** |  |

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

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| --- |
| **PART 1** |
| Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s) SurnameYour Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Your Reference Number if you have one: | **FI2/** |  |  |  |  |  |  |  |  |
|  |
|  |
| **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: |  |  |  | Branch Transit Number: |  |  |  |  |  |  |
|  |
| Account Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Type of Account: | 0 = Checking |  | 1 = Savings |  | 3 = Other |  |  |
|  |
| 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:** |  |  |
|  |