

## BANKING INFORMATION

The completion of this form is considered as instruction to the Accountant General's Department to lodge all payment pertaining to the applicant.

<b>AGD Customer Information Form</b>	
<b>Pensioners Information</b>	
File Reference No:	
Pensioner's Name:	
Pensioner's Address:	
Telephone Number(s):	
Email Address:	
Tax Registration Number (TRN):	
<b>Pensioner's Banking Information</b>	
Name of Bank:	
Branch (where account was opened):	
Bank Account Type (e.g. Savings, Chequing, etc.):	
Bank Account Number:	

I, \_\_\_\_\_  
(Pensioner's Name)

do hereby authorize the Accountant General's Department to make lodgments to my aforementioned account.

## TERMS, CONDITIONS AND DISCLAIMERS

1. The Pensioner/Client acknowledges that the account indicated overleaf is the account that will be used for all transactions between him/her and the Accountant General's Department.
2. The authorized information provided by the Pensioner/Client shall remain in full force and effect until the Accountant General's Department has received written notification from the Pensioner/Client of its termination in such a time and manner as to afford the Accountant General's Department a reasonable time to act upon it. A period of time not less than 14 working days shall be considered a reasonable time.
3. Where there are any changes or closure of Pensioner's/Client's bank account the Department should be advised in writing by the Pensioner three weeks prior to the due date for payment to the account.

**Pensioner's Name:** \_\_\_\_\_

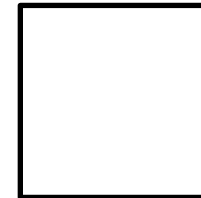
**Pensioner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Witnessed in the presence of:** \_\_\_\_\_

**Justice of the Peace/Notary Public**

**Place Stamp/Seal here**





FOR OFFICIAL USE ONLY:

Received on behalf of The Accountant General's Department:

Authorised Representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**The Accountant General's Department**  
**2-4 Church Street, P.O Box 495, Kingston**  
**Telephone: 876-922-8320-7**  
**Toll Free: 1-888-991-3005**

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**[Facebook.com/accountantgeneralsdepartment](https://www.facebook.com/accountantgeneralsdepartment)**



## **The Accountant General's Department Banking Information Form**

### INSTRUCTIONS

- The Banking Information Form must be:
  - ✓ completed in its entirety
  - ✓ current (completed within three (3) months)
  - ✓ certified by a Justice of the Peace/Notary Public
- The form must be submitted along with *Bank Account Verification*. Please select from the options below:
  - ✓ letter from the bank
  - ✓ screen Shot of bank account information
  - ✓ bank statement
  - ✓ copy of the front page of bank passbook (NCB)
  - ✓ copy of blank cheque if Account holder's name is displayed

***NB. Verification must be signed and stamped by a bank representative***