

## BANKING INFORMATION

The completion of this form is considered as instruction to the Accountant General's Department to lodge all payments pertaining to the applicant OR to change account information.

AGD Customer Information Form		
Pensioner's Information		
File Reference No:		
Pensioner's Name:		
Pensioner's Address:		
Telephone Number(s):		
Email Address:		
Tax Registration Number (TRN):		
Place of Retirement		
Pensioner's Banking Information		
Name of Bank:	<i>Previous Information</i>	<i>Current Information</i>
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:** \_\_\_\_\_

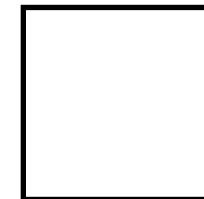
**Pensioner's Signature:** \_\_\_\_\_

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

**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:

Authorized Representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

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



### 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

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

Please specify the purpose of this form:

Advance and Alimentary (1<sup>st</sup> payment)

Update Banking Information

**The Accountant General's Department**

**21 Dominica Drive**

**P.O. Box 495 GOP**

**Kingston 5**

**Telephone: 876-922-8320-7**

**Toll Free: 888-991-3005**

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