

Upstairs Pearson's Pharmacy, Upper Collymore Rock, St. Michael BB11091, Barbados, W.I. Telephone (246) 426-4267 / 426-8061 | Email: info@uecul.org Established October 1976

DIRECT DEPOSIT FORM

Please provide a copy of the header from your financial institution which bears the account number. The part of the statement which has the financial details of your account is not required.

FULL NAME OF MEMBER:						
FIRST NAME:	MIDDLE NAME(S):	SURNAME(S):	ACCOUNT NO:			
ADDRESS OF MEMBER:						
NATIONAL REGISTRATION NO.						

BANKING IN	STITUTION: CIBC/FIRSTCARIBBEAN	BANK FIRST CITIZENS	S BANK SCOTIA BANK			
	REPUBLIC BANK BARBADOS ROYAL BANK					
BANK A	CCOUNT NO:					
			CHEQUING SAVINGS			
BRAN	CH LOCATION	BRANCH CODE	SWIFT CODE			

BRANCH LOCATION information should match information on the Bank Statement provided.

Your request will be paid directly into your bank account therefore it is important that you provide **ALL** the information requested above. If you submit the form with incorrect information, payment will be delayed.

DECLARATION

Please read and sign below:

I have read and understand the information on this form. I declare that the information that I have provided on this form is correct.

NAME (Print): I						
hereby authorise you to deposit my requested payment(s) to my account as per the information provided above.						
SIGNATURE:	DATE	MONTH	YEAR			