

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:<br>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 |  |  |  |