



ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE ADDRESSED TO THE ADMINISTRATOR-GENERAL AND THE REFERENCE NUMBER QUOTED

INISTRATOR-GENERAL'S DEPARTMENT

Kingston

Tel #: 922-1830-3; 922-0700-5;

Digicel #: 618-1542;

Fax #: 922-4201

Email: admingen@agd.gov.jm

Website: <http://www.agd.gov.jm>

Montego Bay

Tel #: (876) 630-4261; (876) 630-4653;

Email: admingenmobay@agd.gov.jm

KINGSTON

THE OFFICE CENTRE BUILDING
12 OCEAN BOULEVARD
P.O. BOX 458
KINGSTON, JAMAICA

MONTEGO BAY

NHT BUILDING
42B UNION STREET, 2ND FLOOR,
MONTEGO BAY
ST. JAMES, JAMAICA

Date:

ESTATE:

File No.

DIRECT DEPOSIT METHOD OF PAYMENT FORM

The Administrator-General's Department requires you to complete the information below indicating your preferred method of payment of your entitlement as a beneficiary/payee by filling in the appropriate space. The completed form must be returned to the Office of the Administrator-General for Jamaica at the address provided above.

All payments can only be made by direct deposit to your bank account.

Only ONE (1) method should be selected and selection of more than one method will result in non-payment.

Please choose **ONE [1]** of the following options:

- 1. Lodge the funds directly to the following Jamaican Financial Institution. (Payee must be holder of this Account)

Your Full Name (as stated on your Account) and Address:

.....
.....

Account No. :

Account Type: Savings account

Routing No.

Chequing account

Name and Address of Financial Institution (Branch): -

.....
.....

Signed:

Witnessed by:
(Justice of the Peace/Notary Public/Commissioner of Oaths)

Date

Date.....

(Please see Option 2 overleaf for Overseas clients)

2. Transmit funds by way of wire transfer (for Overseas Accounts only). Please forward specific instructions from your financial institution to facilitate your transaction. (Payee must be holder of this account).

Your Full Name and Address:

.....
.....

Name and Address of Financial Institution: -

.....
.....

Account No.: Account Type: Savings account
 Chequing account

ISBN Code: Sort Code:

Routing No.: Swift Code:

Signed: Witnessed by:
(Justice of the Peace/Notary Public/Commissioner of Oaths)

Date Date

NOTICE TO BENEFICIARY/PAYEE:

Completion of the Payment of Method Form by all individuals must be submitted along with the following:

1. A certified copy of your Voter's ID, Passport, Driver's License or which must include your full name, date of birth, photograph and signature (if you are overseas the completed form must be witnessed by a Notary Public or witnessed by the Jamaican High Commission)
2. Payment will not be made if you indicate more than one option or the form is incomplete or not completed properly
3. Any change in your personal information (eg, address, bank account) should be communicated to the Administrator-General's Department as soon as possible. Changes in banking details will require completion of another Method of Payment Form with the required formalities indicated above.
4. The Administrator-General will not be held liable for moneys paid to incorrect accounts provided by a beneficiary/payee