



DIRECT DEPOSIT AUTHORIZATION FORM

DATE:	
TO:	ACCIDENT & HEALTH DEPARTMENT - TATIL
FROM:	
POLICYHOLDER:	

I _____
(Employee Full Name in Block Letters)

hereby give consent for payments to be made directly to my account, the information for which is listed below.

Please attach a copy of your bank statement showing employee's name and bank account number.
(The header (top) of the bank statement displaying name and account number is applicable. As an alternative a cancelled cheque leaf can also be provided)

Account Name:		
	Bank:	Branch:
Bank:	<input type="checkbox"/> FCB - First Citizens Bank Limited <input type="checkbox"/> SBTT - Scotiabank of Trinidad and Tobago <input type="checkbox"/> RBTT - RBTT Bank Limited <input type="checkbox"/> Citibank Limited <input type="checkbox"/> IBL - Intercommercial Bank Limited <input type="checkbox"/> RBL - Republic Bank Limited <input type="checkbox"/> JMMB	
Account Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Chequeing	
Bank Transit #:	<u>For Scotiabank customers ONLY</u>	
Account Number:		
Employee's Email Address:	Employee's Contact No.	

I acknowledge TATIL is not liable for any incorrect information submitted on this form. I understand that the ACH banking information stated herein supersedes any and all other ACH banking information previously submitted.

Employee's Signature: _____ **Date:** _____

<u>FOR OFFICIAL USE ONLY</u>	
Received by:	_____
Date received:	_____