

## DIRECT DEPOSIT OF BENEFIT/ ASSISTANCE TO BANK ACCOUNT

A completed Direct Deposit form must accompany all claims for Benefit or Assistance.

TO: The Manager CENTRAL BENEFITS DEPARTMENT	FROM: surname other name(s)	
The National Insurance Board	N.I. #:	
	Date of Birth:/	
DATE:	P. O. Box: Tel:	
Please accept this as your authority to deposit my monthlyBenefit/ Assistance cheque directly into my Bank Account as follows:		
NAME OF BANK:		
BANK BRANCH:		
ACCOUNT NO:	ACCOUNT NO: TYPE: Joint Personal	
Signature or Mark of Pensioner: Witness to Mark:	Date:	
DECLARATION OF CO-SIGNER (If account is jointly held)		
NAME OF CO-SIGNER:	TEL:	
<b>DECLARATION:</b> I hereby acknowledge that entitlement to the herein referenced Benefit/Assistance ceases upon the death of the above-named pensioner, and any payments deposited into our account after he or she dies, remains the property of the National Insurance Board, and I, hereby, commit to returning it to the National Insurance Board.		
Signature:	Date:	

## FOR OFFICIAL USE ONLY

CLAIM #:	
INTAKE OFFICER:	DATE:
DATA ENTRY OFFICER	DATE: