



BANKING INFORMATION FORM

Client Name: _____

Name of Banking Institution: _____

Address of Banking Institution: _____

Account type:

Savings:

Checking:

Account Number: _____

Name(s) on the Account: _____

DECLARATION:

It is understood and agreed that Sagicor shall not be required to obtain and will not seek confirmation or verification of the banking information provided by me from the Bank or any third party and shall not be liable for any loss resulting from the inaccuracy of the information provided.

I understand that failure to provide confirmation of banking details and any inaccuracy of information provided will result in delayed payment.

Any delivery of this authorization to the Bank shall constitute delivery by the undersigned.

Signature: _____ Date: _____