



Striving for Social Justice

ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

Head Office:

Robert Llewellyn Bradshaw Building
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Bay Rd., Basseterre
Tel: (869) 465-2535 Fax: (869) 465-5051

Branch Office:

Pinneys Estate
St. Thomas Parish
P.O. Box 667
Tel: (869) 469-5245 Fax: (869) 469-1046

Authorisation for Electronic Funds Transfer (EFT) of Payments

Benefit Holder: (1) Complete the upper portion of the form, sign, and date:
(2) Attach a voided cheque (for chequing account routing) or a deposit slip (for savings account routing) and send the completed form to the Social Security Office.

Benefit Holder's NAME (Last, First, Initial)	Identification NO*	AGENCY	AGENCY CODE
BENEFIT HOLDER'S ADDRESS			DAYTIME TELEPHONE

*Provide your employee identification number if available; otherwise, voluntary disclosure of your social security number is requested to ensure accurate handling.

I hereby authorise and request Social Security, until this authorisation is revoked as described below, to transfer the full amount of my benefit payment, to the designated financial institution for deposit in my account.

NAME OF FINANCIAL INSTITUTION:

Account Number:

BANK ROUTING NUMBER:

Check one:

☐ Chequing Account

☐ Savings Account

If the electronic transmission for this authorisation for any reason results in an overpayment of my benefit payment due and payable to me, I hereby authorise Social Security to either withhold a sum equal to the overpayment from my next benefit payment or seek full reimbursement by whatever means is appropriate.

If any action taken by me, without adequate notification to the Social Security Office, results in non-acceptance of the transfer by the designated financial institution, I understand that the Social Security Office assumes no responsibility for processing supplemental benefit payments until the funds are returned to the Social Security Office by the financial institution.

This authority is in force until written notification is received from me regarding its termination, or my death. This authorisation will not be effect for any payments made on or after separation from this agency.

BENEFIT HOLDER'S SIGNATURE: _____

DATE: _____