

# PAYMENT INSTRUCTION FORM FOR PAYMENTS TO UNITED STATES



## Personal Details

Name	_____
Pension Number	_____
Address	_____ _____ _____

## Bank Details

Name of Bank	_____
Bank Address	_____ _____
Account Name	_____
ABA Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Type	<input type="checkbox"/> 0- Checking Account 1- Savings Account

## Additional Information

Narration or Instructions	_____ _____ _____
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Signed _____	Date _____
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