



**ANTIGUA – BARBUDA SOCIAL SECURITY BOARD
ST. JOHNS, ANTIGUA**

PAYMENT OPTIONS

Social Security Number..... Name of Beneficiary.....

Please select one (1) payment option and provide all of the relevant information:

1. WIRE TRANSFER PAYMENT

Bank Name:	
Bank Address:	
Bank Routing Number:	
Bank Swift Code:	
Account Number:	
Name on Account:	
Payee’s Physical Address:	
Telephone Number :	Email Address:

2. DIRECT DEPOSIT TO A LOCAL ACCOUNT IN ANTIGUA & BARBUDA

Bank Name:	
Bank Address:	
Account Number:	
Type of Account:	
Name on Account:	
Payee’s Physical Address:	
Telephone Number:	Email Address:

Signature _____ Date _____

TO BE CERTIFIED BY ANY OF THE FOLLOWING PERSONS BY TICKING THE SPECIFIED PROFESSION:

Notary Public () Justice of the Peace () Caricom Social Security Sys. () Anu & Bar High Comm ()

Print Name



OFFICIAL STAMP/SEAL

Signature

Date