



# Antigua & Barbuda Social Security Board

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Please complete and email this form to: [remittance@socialsecurity.gov.ag](mailto:remittance@socialsecurity.gov.ag) after your EFT transaction.

### EFT transaction information

Company Name: **Antigua Barbuda Social Security Board**

### **BANKING DETAILS**

Payee Name on Account: **Antigua Barbuda Social Security Board**

Account Number: 100-000-67

Name of Bank: Caribbean Union Bank

Branch Location: Friar's Hill Road

Branch Code: (070-28201)

Swift Code: CUNBAGAG

Account Type: Cheque

Please complete the below form in details after your EFT payment.

Employer Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_  
(six (6) digit only)

Remittance Month: \_\_\_\_\_  
(mm/yyyy)

EFT Transaction/Receipt No: \_\_\_\_\_

EFT Transaction Amount: \_\_\_\_\_

**Remember to sign and date all R5As then email to [remittance@socialsecurity.gov.ag](mailto:remittance@socialsecurity.gov.ag)**

### **Having trouble?**

Please contact us at 1 (268) 736-3000/1/2/3 or email us at [customerserv@socialsecurity.gov.ag](mailto:customerserv@socialsecurity.gov.ag)