Sagicor Bank

RTGS/ACH Transfer Request

eForm RTAC03-2018

Branch: _____   Date:_____

ACCOUNT DETAILS
Account Holder's Name:
Account Number:

TRANSFER DETAILS
Select one: RTGS Transfer ☐   ACH Transfer ☐
Beneficiary Name:
Beneficiary Address:
Beneficiary Address:
Amount: $
Amount in words:
Purpose of Transfer:

Beneficiary Bank:	Branch:
Beneficiary Account Number:	Account Type: Savings ☐ Chequing ☐
Branch Transit No.:	Swift/BIC:

DECLARATION

I hereby request that Sagicor Bank Jamaica Limited ("the Bank") executes the transaction described in this request and in consideration of the Bank doing so, I agree to be bound by the Bank's policies and Terms and Conditions for Accounts as applicable to the said transaction.

Please debit my/our Account with total costs for sending this transfer. I/We confirm that the above information was verified by me/us and found to be in order.

_____   _____

Authorized Signature   **Date (dd/mm/yyyy)**

_____   _____

Authorized Signature   **Date (dd/mm/yyyy)**

For Official Use Only	Fees Received: Yes ☐ No ☐	Reason For Waiver:
	Entered by:	Signature:
	Time Posted:	Date (dd/mm/yyyy):
	Authorized by:	Signature:
	Time Authorized:	Date (dd/mm/yyyy):