



# Customer Payment Order Form

Date: \_\_\_\_\_

Internal Reference # \_\_\_\_\_

**SERVICE REQUIRED:**

**LOCAL/REGIONAL**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Local Draft         | <input type="checkbox"/> International Draft | <input type="checkbox"/> EFT Payment                             |
| <input type="checkbox"/> Credit Card Payment | <input type="checkbox"/> International Wire  | <input type="checkbox"/> Standing Order/Standing Order Amendment |

Amount: \_\_\_\_\_  USD  XCD  CAD  EUR  BDS  GBP

**ORDERING CUSTOMER**

Ordering Account No. : \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone No. : \_\_\_\_\_

**INTERMEDIARY BANK**

Swift/Routing No. \_\_\_\_\_  
 Int. Bank Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Account No.: \_\_\_\_\_

**BENEFICIARY BANK**

Swift/Routing No.: \_\_\_\_\_  
 Ben. Bank Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Country: \_\_\_\_\_

**BENEFICIARY**

Ben. Account No: (Credit Card Account No./IBAN No.) \_\_\_\_\_  
 Ben. Account Type (EFT Payments/Standing Orders) \_\_\_\_\_  
 First six digits of the-Credit Card No. \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Country: \_\_\_\_\_

**PAYMENT INFORMATION**

Remittance Information: \_\_\_\_\_  
 \_\_\_\_\_

**WIRES:**

It is understood that the message will be sent in cipher or otherwise at my/our own risk in every respect and that neither you nor your correspondents will be liable for the consequences of any delay, mistake or omission in transmission, or payment, or any interception of the message. I/We hereby release and discharge you, your correspondents and agents and each of them from all liabilities and losses whatsoever and howsoever thereby occasioned in relation thereto and from all actions, claims, demands or other proceedings that may arise in that respect.

**NEW STANDING ORDER INFORMATION:**

Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Period / Freq. \_\_\_\_\_

**EXISTING STANDING ORDER INFORMATION:**

Change: From \_\_\_\_\_ To \_\_\_\_\_  
 Cancel:  
 Effective: \_\_\_\_\_

**TERMS & CONDITIONS**

I/We hereby agree that cancellation of or amendment to the above instructions should be given in writing to Eastern Caribbean Amalgamated Bank at least two business days prior to the next payment date. The Bank is under no obligation to continue any further payments if there are insufficient funds in the account to process the payment after three (3) consecutive payment dates. If there are insufficient funds in the account on the third attempt the standing order arrangement will be cancelled and you will be notified in writing. The Bank does not accept liability for late delivery of payment(s) sent through the mail. I/We undertake to indemnify the Bank and keep the bank indemnified against all losses, claims, actions, proceedings, demands, costs and expenses incurred or sustained by the Bank of whatever nature, howsoever arising out of or in connection herewith, provided only that the Bank acts in good faith.

Signature Verified by: \_\_\_\_\_  
 1st Verification Officer \_\_\_\_\_  
 2nd Verification Officer \_\_\_\_\_

Customer Signature \_\_\_\_\_  
 Customer Signature \_\_\_\_\_