



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. I/We hereby grant liability waiver to ECAB in the event the transaction is subjected to OFAC license.

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 _____