

AGD**Accountant General's
Department****VENDOR BANKING INFORMATION FORM**Vendor ID:
(Will be assigned by the Treasury)**Vendor Information**

Name on Account:	<input type="text"/>	Contact Name:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
Email Address for Remittance Advice:	<input type="text"/>		

Bank Information

Beneficiary Bank Account Number:	<input type="text"/>
Beneficiary Bank Name:	<input type="text"/>
Bank Transit Number:	<input type="text"/>
Bank Code/ABA Routing Number/Swift ID:	<input type="text"/>
Bank Address:	<input type="text"/>

Intermediary Banking Information (INTERNATIONAL PAYMENTS)

Intermediary Bank Name:	<input type="text"/>
Intermediary Bank Address:	<input type="text"/>
Intermediary ABA Routing Number/Swift ID:	<input type="text"/>

Authorization: Requires two authorized signatures to protect your organization if applicable.

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Turks & Caicos Islands Government, hereby authorize the Turks & Caicos Islands Government or its agencies to deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

Name		Name	
<input type="text"/>		<input type="text"/>	
Job Title (If applicable)	Phone	Job Title (If applicable)	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A void check or banking information on bank letterhead must be provided

Please email completed forms to vendors@gov.tc or deliver to any treasury location.