# UI-2.8

## UNEMPLOYMENT INSURANCE FUND

### APPLICATION TO PAY BENEFITS INTO BANKING ACCOUNT

The Unemployment Insurance Commissioner/Claims Officer

I <<name>>

*(name and surname in block letters)*

##### Identity number

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D1 | D2 | D3 | D4 | D5 | D6 | D7 | D8 | D9 | D10 | D11 | D12 | D13 |

Hereby request/instruct/authorize you to pay my benefits, if approved, into my under mentioned Bank/Building Society account.

I understand that the credit transfers hereby authorized will be processed by computer through a system known as ACB Magnetic Tape Service, and I also understand that no details of payment will be provided by my bank, but details of each payment will be printed on my bank statement. (This does not apply where it is not customary for banks to furnish bank statements, eg. Savings accounts or transmission accounts).

This authority may be cancelled by me by giving thirty days notice in writing.

NB: Documentary proof of bank account (eg. Bank statement, ATM slip, cancelled cheque) must be attached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

**==========================================================**

#### To be completed ONLY by the Bank/Building Society

Name of account holder :

Name of Bank/Building Society:

Branch code Account number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Indicate with an “X”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Savings account |  |  | Current account |  |  | Transmission account |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other: |  |  | **Specify**: |  |

I declare that the abovementioned information is current and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

Information supplied by: (Name of Bank Official) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Bank Official Bank Official Stamp

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