



**DOMINICA SOCIAL SECURITY
BANK PAYMENT ORDER**

CLAIM NO: FOR OFFICIAL USE ONLY

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NAME:

ADDRESS:

.....

.....

S.S. NO.:

DATE:

Sir,

With immediate effect, I wish to request that:

1. My benefit be paid:

(i) Fortnightly

(ii) Monthly

2. My benefit be paid:

(i) To my bank

(ii) Credit Union

3. NAME OF BANK OR
CREDIT UNION

ADDRESS

ACCOUNT NO.

SIGNATURE