



**Government of the Republic of Trinidad And Tobago**

**Ministry of Finance**

**Treasury Division, Pensions Management Branch**

**PENSIONER'S BANK AUTHORISATION FORM**

TO: COMPTROLLER OF ACCOUNTS

Please forward my Pensions Payments to:

NAME OF BANK :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS OF BANK:


BANK ACCOUNT  
NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PENSIONER NAME

(Surname)

(First Name)

(Other Name)


ADDRESS OF  
PENSIONER :


DATE OF BIRTH :

--	--	--	--	--	--	--	--

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

CONTACT  
NUMBERS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMAIL ADDRESS: .....

***I hereby certify that the information contained above is correct and I accept the responsibility to inform the Pensions Management Branch of the Treasury Division of any changes within a timely manner.***

DATE ..... SIGNATURE OF PENSIONER.....

---

*To be completed by Authorized Bank*

BANK ACCEPTANCE CERTIFICATE

To: COMPTROLLER OF ACCOUNTS

We agree to credit the accounts of the above-named Government pensioner on receipt of his/her monthly pension.

We also agree on receipt of information of the demise of the pensioner to refund the Government and amounts credited to the pensioner's account in respect of any period after the date of death. However, if the account is a joint account the refund will be subject to the availability of funds.

OFFICIAL STAMP

SIGNATURE OF BRANCH MANAGER .....

DATE .....



(868) 223-2941-3 ext. 1008



<https://www.finance.gov.tt/divisions/treasury-division>

Ministry of Finance, Treasury Building, 1 St. Vincent Street, Independence Square,  
Port of Spain, Trinidad and Tobago, W.I.