HERE...FOR YOU!

1st National Bank

Payment Order Form

Day	Month	Year

Payment Reference Number:

Requested Transaction:

- ☐ International Wire
- ☐ International Draft
- ☐ Local Draft
- ☐ Internal Transfer
- ☐ Credit Card Payment

50. Ordering Customer Information

Account #: _____

Name _____

Address: _____

City : _____ Country: _____

Payment Information: **Currency ---------- Amount** ..... Rate .....

ECD:-.....

Charges:.....

TOTAL:.....

Charges transaction:

- ☐ SHA (costs for the transactions are shared)
- ☐ BEN (all cost for the transaction will be paid by beneficiary)
- ☐ OUR (all costs for the transaction will be paid by ordering customer)

57. Beneficiary Bank Information

SWIFT Code / ABA / Routing: _____

Name._____

Address: _ _____

City _____ Country: _____

59. Beneficiary Customer Information:

Account [ ] #: [ ]

Name: _____

Address: _____

City: _____COUNTRY: _____

70. Remittance Information: _____

56. Intermediary Bank Information

SWIFT Code / ABA / Routing: _____

Name: _____

City: _____

Kindly debit above mentioned account number for amount transferred, plus charges. It is understood that the message will be sent in cipher or otherwise at my/our risk in every respect and that neither 1st National Bank St. Lucia nor their correspondents will be liable for the consequences of any delay, mistake or omission in transmission or payment or any interception of the said message.

_____ _____ _____

Customer 1 Signature Customer 2 Signature Date

AUTHORISED SIGNATURES _____ _____