



**DOMINICA SOCIAL SECURITY  
BANK PAYMENT ORDER**

**CLAIM NO: FOR OFFICIAL USE ONLY**

--	--

NAME: .....

ADDRESS: .....

.....

.....

S.S. NO.: .....

DATE: .....

Sir,

With immediate effect, I wish to request that:

1. My benefit be paid:

(i)  To my bank

(ii)  Credit Union

My benefit be paid:

Monthly

Fortnightly

SIGNATURE.....

(Claimant)

2. NAME OF BANK OR  
CREDIT UNION

.....

ADDRESS

.....

ACCOUNT NO.

.....

ACCOUNT HOLDER

.....

SIGNATURE

.....

(Bank or Credit Union Official)