

Local Advanced Money Transfer Request Form

CIF Number:

Customer Information

Local Transfer
 Clarien Transfer

Ordering Customer Name

Residential/Physical Address

Contact Number: Contact Number:

Email

Transfer From - Remitter

New
 Amendment (complete only the information to be amended)
 Cancellation

Account Name(s)

Chequing Account
 Savings Account

Account Number (please indicate type of account by checking one box)

USD
 BMD
 CAD
 GBP
 EUR*

Debit amount

Statement Description (i.e. Loan Payment)

Transfer To - Payee

Account Name(s)

Chequing Account
 Savings Account
 Time Deposit

Clarien
 Butterfield Bank
 HSBC

Account Number (please indicate type of account by checking one box)

USD
 BMD
 CAD
 GBP
 EUR*

Further Credit To

Account Name(s)

Account Number

Type of Payment (Please check one)

Single Payment Date (DD/MM/YYYY)
 Multiple Payments (of same amount) Start Date (DD/MM/YYYY) End Date (DD/MM/YYYY)
 Until Further Notice

Frequency:
 Daily
 Quarterly
 Monthly
 Weekly
 Semi-annually
 Yearly

Monthly
 Yearly
 Recurring Set Up Fee \$

Customer Signature

*By signing this Local Advanced Money Transfer Request Form, the Customer acknowledges and agrees to Clarien Bank Limited's Banking Terms and Conditions which are located on www.clarienbank.com and may be amended from time to time.

Authorised Signature _____ Authorised Signature _____ Date (DD/MM/YYYY)

For Bank Use Only

Completed By: _____ Input By: _____ Authorised By: _____ Clarien Bank Authorisation: _____

Reference No: _____ Clarien Bank Authorisation: _____

Fee Processed By: _____ Date (DD/MM/YYYY)