



GOVERNMENT OF THE VIRGIN ISLANDS

TREASURY DEPARTMENT

DIRECT DEPOSIT AUTHORISATION FORM

CONTACT INFORMATION

First Name:

Middle Initial:

Last Name:

Company:

Contact#:

Mailing
Address:

Email:

BANKING INFORMATION

Name of Bank:

Account#:

Account Type: Chequing Savings

AUTHORISATION STATEMENT

I hereby authorise my customer (Government of the Virgin Islands) to provide direct deposit of any payment due to me, less any mandatory or authorised withholding or deductions therefrom, into the above stated bank account. The information contained in this form will remain in effect until Treasury Department receives notice from me of its termination or of any changes in such time and in such manner as to offer Treasury Department reasonable time to take action.

Signature:

Date:

Please submit this form, along with a copy of **proof of bank account** such as a bank letter, voided cheque or summary page of bank statement via **email** or **in-person** to the appropriate address below. For inquiries please call **1(284)468-2133**.

directdeposit@gov.vg

OR

Treasury Department
#12 Skelton Bay Lot
Fish Bay, Tortola VG1110
Virgin Islands

TREASURY DEPARTMENT'S USE ONLY

Supplier Type: New Existing

Entered by:

Date: