



**THE UNIVERSITY OF THE WEST INDIES
OFFICE OF FINANCE**

DIRECT DEPOSIT AUTHORISATION FORM – SUPPLIERS

I. SUPPLIER'S GENERAL INFORMATION

Full Name of Supplier: _____

Address of Supplier: _____

Telephone Number(s) of Supplier: _____

Taxpayer Registration Number (TRN) of Supplier: _____

Contact Name and Position: _____

Email Address of Supplier: _____

(the email address for the main contact person can also be included)

II. SUPPLIER'S BANK INFORMATION

Please tick (✓) the bank to which the payment is to be deposited: (the stated bank account)

- Bank of Nova Scotia (BNS)
- Citibank N.A.
- First Caribbean International Bank (FCIB)
- First Global Bank Limited (FGB)
- National Commercial Bank (NCB)
- Pan Caribbean Bank/Sagicor Bank
- RBC Royal Bank (Jamaica) Limited

Bank Branch: _____

Bank Account Number:
(to which Supplier's payment is to be deposited)

Type of Bank Account (please tick(✓)):

Current Saving

Note: Verification of bank account number must be submitted along with this form. {For example: copy of cheque leaf/ bank statement}.

I hereby authorise The University of the West Indies Centre, Office of Finance to initiate credit entries and if necessary, debit corrections and adjustment entries to the above bank account, through the financial institution indicated. I accept the Terms, Conditions and Disclaimers specified overleaf.

Name of Authorised Officer

Position of Authorised Officer

Signature of Authorised Officer

Date

SUPPLIER'S SEAL/STAMP

FOR INTERNAL USE ONLY

VENDOR #.....

	INITIAL	DATE
ENTERED BY:		
CHECKED & VERIFIED BY:		
ACTIVATED BY:		
DEACTIVATED BY:		

TERMS, CONDITIONS & DISCLAIMERS

For direct deposit payments to Supplier's Bank Account by The University of the West Indies Centre - Office of Finance

- 1. The Supplier confirms that the stated bank account indicated herein is the bank account that will be used for all transactions between the Supplier and The University of the West Indies Centre, Office of Finance.**
- 2. The University of the West Indies Centre, Office of Finance shall not be liable for any deposit or payment made to the stated bank account if it is found that the stated bank account was incorrect in any form.**
- 3. Electronic payments shall be made in Jamaican Dollar (J\$) currency only and such payments shall be in the amounts specified in the Supplier's contract or on the invoice submitted in relation to goods and/or services provided under the contract.**
- 4. The Supplier hereby warrants that the Authorised Officer is a duly recognized agent or employee of the Supplier.**
- 5. The Supplier shall at all times, indemnify and save harmless The University of the West**
- 6. Indies (including its officers and employees, and authorised agents) from all loss and damage and all actions, claims, costs, demands, expenses, fines, liabilities and suits of any nature whatsoever for which the University shall or may become liable, incur or suffer by reason of making payments or transferring funds to the stated bank account.**
- 7. The bank information provided herein shall remain in full force and effect until The University of the West Indies Centre, Office of Finance has received written notification from the Supplier that the stated bank account is no longer active, and the supplier shall in every such notification give The University of the West Indies Centre, Office of Finance no less than ten (10) working days notice.**
- 8. Where there are any changes or closure of the Supplier's bank account, the Supplier shall advise The University of the West Indies Centre, Office of Finance at least two (2) weeks prior to the due date for payment to the Supplier's bank account.**