

EDUCATIONAL ASSISTANCE PAYMENT/SCHOLARSHIP PAYMENT FORM

Heritage Agreement Number(s):

I would like to receive payment by **Cheque** and understand that **cheques cannot be issued outside of Jamaica, Bahamas, Bermuda and BVI. Please complete ONLY the authorization section below.**

Cheque payment should be issued in the name of the beneficiary of the plan.

Cheque payment should be issued to the subscriber(s) on the plan.

I would like to receive payment via **Electronic Transfer**. I understand that there are fees associated with this method of payment and that such fees will be deducted from the proceeds being paid.

If you select Electronic Transfer, please provide your bank account details in order to process the wire transfer successfully. Please note that the bank account holder must be that of the beneficiary (student) or subscriber(s) on the Plan. If your bank account is not a US dollar account, your EAP will be converted to the currency of your account. **Incomplete or inaccurate information will result in non-payment or delays. If an attempt to wire your EAP fails due to incorrect bank information, you will incur additional charges, which will be deducted from the proceeds of your EAP.**

BANK INFORMATION

Bank Name:

Bank Address:

Suite #:

City:

Parish/State:

Zip:

Country:

Bank Account Number:

Branch Code:

Swift Code:

Account Type:

Savings

Current

IBAN-IL#

Currency:

USD - US Dollar

BMD - Bermudian Dollar

BSD - Bahamian Dollar

Other (please specify):

ACCOUNT HOLDER(S) INFO

Account Holder Name 1:

Account Holder Name 2:

Account Holder(s) Address:

Suite #:

City:

Parish/State:

Zip:

Country:

AUTHORIZATION

I, _____ request that the EAP made in accordance with the details specified above.

Beneficiary's Name:

Date (mm/dd/yyyy)

Beneficiary's Signature