

## EDUCATIONAL ASSISTANCE PAYMENT/SCHOLARSHIP PAYMENT FORM

HERITAGE CONTRACT NUMBER(S) \_\_\_\_\_ / \_\_\_\_\_ (the "Plan(s)")

I would like to receive payment by **Cheque** and understand that **cheques cannot be issued outside of Jamaica, Bahamas, Bermuda and the 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 NAME:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_  
Street Address      Suite# City      State Zip Code      Country

**BANK ACCOUNT NUMBER:** \_\_\_\_\_ **SWIFT CODE:** \_\_\_\_\_

IBAN-IL# \_\_\_\_\_

**ACCOUNT TYPE:** SAVINGS \_\_\_\_\_ CURRENT: \_\_\_\_\_

**CURRENCY:**  USD - US Dollar     BMD - Bermudian Dollar     BSD - Bahamian Dollar    Other \_\_\_\_\_ Please Specify

**ACCOUNT HOLDER 1:** \_\_\_\_\_  
First Name      Last Name

**ACCOUNT HOLDER 2:** \_\_\_\_\_  
First Name      Last Name

**ACCOUNT HOLDER(S) ADDRESS:** \_\_\_\_\_  
Street Address      Suite# City      State      Zip Code      Country

### AUTHORIZATION

I, \_\_\_\_\_ request that the EAP made in accordance with the details specified above.  
(Name of Beneficiary)

\_\_\_\_\_  
**Beneficiary's Signature**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Beneficiary's Name (Please print)**