



**BAF FINANCIAL & INSURANCE (BAHAMAS) LTD.**

**ELECTRONIC FUNDS TRANSFER TO CLIENT ACCOUNT ENROLLMENT FORM**

**Name:** \_\_\_\_\_  
*Name (as it appears on the bank account)*

**Bank Name:** \_\_\_\_\_

**Bank Branch:** \_\_\_\_\_

**Account Type:**      Savings ☐      Checking ☐

**Account Number:** \_\_\_\_\_

**Client Contact Information Telephone and Email**

\_\_\_\_\_  
**House # & Street:**

\_\_\_\_\_  
**P.O. Box:**

\_\_\_\_\_  
**City/Island & Country:**

\_\_\_\_\_  
**Home Phone:**      **Business Phone:**

\_\_\_\_\_  
**Cell Phone:**      **Fax:**

\_\_\_\_\_  
**Email:**

**ID Type:**      ☐ **Passport**      ☐ **Voter's Card**      ☐ **Driver's License**      ☐ **Other**

**ID Number:** \_\_\_\_\_

Disclaimer: At least one bank account verification document should be submitted with the bank wire payment enrollment form. In the absence of documentation to verify bank account details, BAF will not be held liable for incorrect bank account information.