



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Telephone: (692) 625-3101, Fax: (692) 625-4570, E-mail: missa3@ntamar.net

BANK DETAIL INFORMATION

Beneficiary Name: _____ MISSA Social Security No.: _____

*Complete Individual Account Name: _____

Complete Name of the Bank: _____

Complete Address of the Bank: _____

Bank Account SA/ CA : Checking Account No.: _____

Savings Account No. : _____

Bank Identification Number: _____

BANK ROUTING NUMBER: _____

Information provided by:

Name of Authorized Bank Personnel: _____

Printed Name

Signature

Position/Title: _____

Telephone Number: _____ Fax Number: _____

This authorizes MISSA to deposit my benefit check to the above stated account.

Print Name & Sign – Beneficiary/Payee

Date : _____

***Provide Individual Account of Beneficiary only. Joint account is not allowed.**