



**VICTORIA MUTUAL**  
**MONEY TRANSFER**



## Electronic Funds Transfer Authorization Form (EFTA)

To receive money transfers in a bank account, the account holder must first complete and submit this one-time electronic fund authorization form, and present along with copies of his/her valid photo identification and Taxpayer Registration Number (TRN), to VMBS Money Transfer Services Ltd (VMTS). A separate copy of this authorization form must be completed and submitted, for each account to which a money transfer is being sent/deposited. Documents may be submitted at any VMBS branch, VM Money Express location, or via our electronic channels at [vmmoneytransfer.vmbs.com](http://vmmoneytransfer.vmbs.com) or email: [directtobank@vmmoneytransfer.com](mailto:directtobank@vmmoneytransfer.com) or faxed to **876-906-1306**.

**I hereby give VMBS Money Transfer Services Ltd, A subsidiary of the VMBS Group authorization to initiate single or recurring banking transactions (including but not limited to over the counter, internet banking or wire transfer) to credit the account/s stated below for money transfers/ remittances sent through VMBS Money Transfer Services on my behalf until further advised.**

Account holder/beneficiary name: \_\_\_\_\_

Account holder/beneficiary full address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Branch Name or Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ TRN/SSN/SIN/NI \_\_\_\_\_

Account Number: \_\_\_\_\_ Currency: JMD  USD  CAD  GDP

Account Type: Savings  Chequing  Mortgage  Fixed Deposit  \_\_\_\_\_

By signing this form, I, the undersigned hereby confirm that I have verified my bank, branch with the Bank indicated above and confirm that the information is true and correct. I also confirm that (VMTS) will not be held liable should either the Branch or Account Number or both be incorrect and that (VMTS), is not obligated to verify this information. I am the authorized signatory on the account. I acknowledge that (VMTS) will not be held liable for any delay in payments made to the account and or any return of the transaction by the financial institution resulting in any losses. I hold (VMTS) harmless against any action or claim brought by a third party who has a beneficial interest in the account.

\_\_\_\_\_  
Account holder/Beneficiary  
Signature

\_\_\_\_\_  
Print Name of Account  
holder/Beneficiary

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF YOUR ID AND TAX REGISTRATION NUMBER (TRN) TO THIS FORM**

Additional information may be required.