



DIRECT DEPOSIT PAYMENT AUTHORIZATION FORM

I _____ authorize Newrest Guyana Inc. to initiate automatic deposit to my bank account indicated below for the payments of goods, in my account at the financial institution named below.

Further, I agree not to hold Newrest responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Billing Information

Company Name _____	Address _____
City/State _____	ZIP _____
Phone # _____	Email _____
Contact Name _____	Designation _____

Bank Details

Currency

☐ Checking ☐ Savings

☐ GYD ☐ USD ☐ Euro

Beneficiary Name _____	Bank Name _____
Bank Address _____	City _____
State _____	ZIP _____
Country _____	Account No. _____

Compulsory Section for Wire Payments

Intermediary Bank Name _____	Intermediary Bank Address _____	
State _____	ZIP _____	Country _____
ABA _____	Swift _____	

Documents Needed

☐ TIN Certificate ☐ Business Registration ☐ Certificate of Incorporation

I, _____ understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Newrest in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the payment dates fall on a weekend or holiday, I understand that the payments may be deposited on the next business day.

SIGNATURE _____

DATE _____