



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

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BANK DETAIL INFORMATION

Name : _____ MISSA SS# _____

Complete Account Name: _____

Complete Name of the Bank: _____

Complete Address of the Bank: _____

Your Bank Account Number: _____

Bank Identification Number: _____

BANK ROUTING NUMBER: _____

Information provided by:

Name of Authorized Bank Personnel: _____
Printed Name Signature

Position/Title: _____

Telephone Number _____ Fax _____

Signature of Retiree/Authorized Vendor Representative: _____