

**AUTORIDAD DEL CANAL DE PANAMA
ADMEASUREMENT UNIT
ADMEASUREMENT CLEARANCE AND HANDLINE INSPECTION
(NO AGENTS)**

SIN

ATTACHMENT TO FORM 4614

BUFFER (If not used, the estimated time for refunding is 60 days after the transit date)	
Estimated charges	
Total deposit	

ELECTRONIC PAYMENT (Electronic funds transfer-EFT) LOCAL AND US BANKS ONLY	
Beneficiary name	
R.U.C. and D.V. (Local)	
Bank account name	
Bank name	
Bank account number	
Account type (savings, checking)	
ABA or Bank number (routing and transit number for local banks)	
SWIFT Code	
Intermediary Bank name (If applicable)	
Intermediary Bank SWIFT Code (If applicable)	

FOR WIRE TRANSFER (The wire transfer will have a cost of \$25.00 which will be deducted from the amount to be refunded)	
Beneficiary name	
Bank account name	
Beneficiary Bank name	
Bank account number	
Beneficiary Bank code (SWIFT Code, CHIPS)	
IBAN #	
Intermediary Bank name	
Intermediary Bank code (ABA, SWIFT Code CHIPS) If applicable	

I _____, AUTHORIZE THE PANAMA CANAL AUTHORITY TO REFUND THE BUFFER TO MR./MRS. _____

USING THE BANK ACCOUNT DETAILS PROVIDED IN THIS FORM.

Signature

Date

PLEASE ATTACH A COPY OF PASSPORT/IDENTIFICATION WITH SIGNATURE.