

## Automatic Transfer Form

Branch:

Title: ☐ Mr ☐ Miss  
☐ Mrs ☐ Other

First Name:

Last Name:

Kindly accept this as your authority to effect the following transfer amounts from my account (s) to the accounts listed below.

Effective Date	End Date	Amounts	From Deposit Account	To Account	JN Life Policy#, Insurance Premium Financing (IPF)#, Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**I am fully aware that:**

- A minimum balance of two (2) payments is to be maintained on my savings account at all times.
- Insufficient funds in my savings account will:-
  - result in the processing of the deduction to be delayed.
  - leave me solely responsible should my policy, loan and/or mortgage account lapse/fall into arrears.
- I should inform JN Bank of the closure of the savings account (s) or termination of this arrangement(prior to the due date of the deduction).

The Bank reserves the right to cancel this Automatic Transfer arrangement without notice if any of the above-mentioned requirements are not met at any time.

Where funds are reflected in your savings account after the due date, any outstanding sums on the loan account will be deducted.

Member's Signature:

Date:   
(YYYY/MM/DD)

**FOR INTERNAL USE ONLY**

Request Received by:

Signature:

Date:   
(YYYY/MM/DD)

Request Processed by:

Signature:

Date:   
(YYYY/MM/DD)

Request Approved by:

Signature:

Date:   
(YYYY/MM/DD)

Place Authorized Stamp Here:

