



External Recurring Payment Form

Date:
(yyyy/mm/dd)

Please complete the applicable sections for the transaction selected. An * asterick indicates a mandatory field.

- ☐ International Wire
- ☐ Local Wire ACH
- ☐ Local Wire RTGS
- ☐ Update Recurring Payment
- ☐ Cancel Recurring Payment
- ☐ New Recurring Payment

Source Account #:

First Name: Surname:

Telephone Number:

ID Type: ID Number: Expiry Date:

Reason for payment*:

PAYMENT INFORMATION

- Currency*: ☐ JMD ☐ USD ☐ GBP ☐ CAD

Frequency*: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Amount*: Start Date*: End Date*:
(yyyy/mm/dd) (yyyy/mm/dd)

BENEFICIARY BANK INFORMATION

Name*:

Branch*:

Swift Code / FW Routing #/ Local ID (Local Wire ACH)*:

BENEFICIARY CUSTOMER INFORMATION

- Account Type:

☐ Credit Card Account (Input the credit card account number below not the credit card number) ☐ Chequing

☐ Savings

(Select the applicable option and input the number*)

☐ Account # ☐ Policy# ☐ IBAN#
- Name / Payee*:
- Address Line 1*: Address Line 2*:

City / Town / State*: Country*:

INTERMEDIARY BANK INFORMATION (APPLICABLE TO WIRES ONLY)

Name:

Swift Code / FW Routing #/:



External Recurring Payment Form

TERMS AND CONDITIONS

The following terms and conditions govern the use of JN Bank’s External Recurring Payment Service and must be read together with any other relevant terms and conditions governing JN Bank’s services and products.

I acknowledge that by the use of this service I understand and fully agree with the terms and conditions:

I understand that:

insufficient/ unavailable funds in my account will:

- a. Result in a failed settlement of any recurring payments where JN Bank has made two (2) additional attempts to process the payment after the initial payment attempt has failed.
 - b. Result in JN Bank canceling the recurring payment arrangement after three (3) consecutive instances of failed attempts without notice.
 - c. Result in me being solely liable and responsible, should my account fall into arrears as a result thereof,
1. I will inform JN Bank of the closure of the deposit accounts to which the recurring payment arrangement is applicable and/or the termination of this arrangement.
 2. I authorize JN Bank on my behalf to initiate the funds transfer from any account and through any required correspondent commercial bank as it may choose in relation to the transaction requested.
 3. I agree that JN Bank will initiate the funds transfer which must be completed by an institution which is not under the control of JN Bank and I understand and agree that JN Bank cannot therefore guarantee that the funds transfer will be completed or completed within a specific period of time.
 4. I understand and agree that JN Bank will process the payment/transfer using the account number provided and no further verification (such as account names, type or any other information relating to the receiving account) will be done by JN Bank.
 5. I understand and agree that JN Bank is under no obligation to notify me if it does not complete a payment/ transfer because there is insufficient/ unavailable funds in my account to process the transaction.
 6. I understand and agree that JN Bank will not be liable in the event of:
 - a. Any delays or errors on the part of any commercial bank or other financial institution in effecting the transfer of funds as I have instructed:
 - b. Any delay in the transfer of funds arising from any action by the Government of Jamaica;
 - c. Any failure in the electronic transfer network caused by power surges, outages or otherwise;
 - d. Any delay caused by my failure to provide complete and correct information related to the receiving account;
 - e. Any circumstances arising which are beyond its control (such as Acts of God, fire, flood, interruption in telephone service or other communication lines) that prevent the transfer of funds, despite reasonable precautions being taken.

Customer’s Signature:

Date:
(yyyy/mm/dd)

BRANCH APPROVAL

Prepared by:
(Name and Signature)

Date:
(yyyy/mm/dd)

Authorized Officer:
(Name and Signature)

Date:
(yyyy/mm/dd)

OPERATIONS APPROVAL

Entered by:
(Name and Signature)

Date:
(yyyy/mm/dd)

Verified by:
(Name and Signature)

Date:
(yyyy/mm/dd)

Authorized by:
(Name and Signature)

Date:
(yyyy/mm/dd)