

**Current Address:**

**Date:**   
(yyyy/mm/dd)

Loan Services Unit  
JN Bank Limited  
2-4 Constant Spring Road  
Kingston 10

**RE: Authority to Deduct Funds**

I/We hereby grant authority for JN Bank Limited ("JN Bank") to deduct the amount of \$  from account number  for the following:-

- Statement to Close
  - Due Date Change
  - Bank Consent
  - Balance Confirmation I
  - Audit Confirmation Letter
  - History Statements
  - Other
- (Indicate other purposes of the payment)

**I/We agree as follows:**

1. THAT JN Bank may act on this authority and I/we voluntarily and with full knowledge take and assume any and all risks associated with my/ our instructions above;
2. THAT once this Form has been received by JN Bank purportedly from the person (or by any of the persons, if more than one) specified below and acted upon same, JN Bank shall be deemed to have acted properly.

Name:   
Signature:   
Telephone:   
Email Address:

Name:   
Signature:   
Telephone:   
Email Address:

This Form may be used by customers to provide authority to JN Bank Limited ("JN Bank") to transfer funds from their account to another account or to cover the cost of applicable fees.

**Notes:**

- o Please ensure the correct account number and payment amount is provided.
- o This document must be accompanied by valid identification in the form of (Passport, Driver's License, Voter's Identification)

Where the customer is submitting instructions via email or facsimile, a signed Jamaica National Group Limited E-Mail and Facsimile Indemnity Form must be on file prior to the sending of the instructions.