



Withdrawal Authority Form

With LIVE BY JN internet banking, this transaction can be done ANYTIME, ANYWHERE. SAVE TIME & MONEY.
Sign Up Today at <http://jnbank.com/>

TO: THE MANAGER, INTERNAL PROCESSING CENTRE, 2-4 CONSTANT SPRING ROAD, KINGSTON 10

Date:
(dd/mm/yyyy)

| | | |
|----------------------|----------------------|----------------------|
| Branch | Account Type | Account Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

CUSTOMER INFORMATION

| | | | | | |
|--------------------------------|-----------------------------------|---|----------------------|----------------------|---|
| Surname: | <input type="text"/> | First Name: | <input type="text"/> | Date of Birth: | <input type="text"/> <small>(dd/mm/yyyy)</small> |
| Email: | <input type="text"/> | Telephone: | <input type="text"/> | | |
| Residential Address: | | | | | |
| Street 1: | <input type="text"/> | Street 2: | <input type="text"/> | | |
| City: | <input type="text"/> | Post Code: | <input type="text"/> | | |
| ID Type: | <input type="checkbox"/> Passport | <input type="checkbox"/> Photo Driver's License | Issuing Country: | <input type="text"/> | |
| <input type="checkbox"/> Other | <input type="text"/> | ID #: | <input type="text"/> | Expiry Date: | <input type="text"/> <small>(dd/mm/yyyy)</small> |

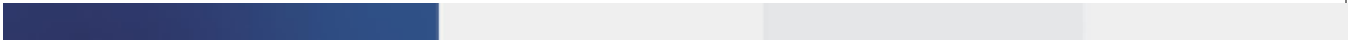
JOINT ACCOUNT

Joint Account Holder 1:

| | | | | | |
|--------------------------------|-----------------------------------|---|----------------------|----------------------|---|
| Surname: | <input type="text"/> | First Name: | <input type="text"/> | Date of Birth: | <input type="text"/> <small>(dd/mm/yyyy)</small> |
| Email: | <input type="text"/> | Telephone: | <input type="text"/> | | |
| Residential Address: | | | | | |
| Street 1: | <input type="text"/> | Street 2: | <input type="text"/> | | |
| City: | <input type="text"/> | Post Code: | <input type="text"/> | | |
| ID Type: | <input type="checkbox"/> Passport | <input type="checkbox"/> Photo Driver's License | Issuing Country: | <input type="text"/> | |
| <input type="checkbox"/> Other | <input type="text"/> | ID #: | <input type="text"/> | Expiry Date: | <input type="text"/> <small>(dd/mm/yyyy)</small> |

Joint Account Holder 2:

| | | | | | |
|--------------------------------|-----------------------------------|---|----------------------|----------------------|---|
| Surname: | <input type="text"/> | First Name: | <input type="text"/> | Date of Birth: | <input type="text"/> <small>(dd/mm/yyyy)</small> |
| Email: | <input type="text"/> | Telephone: | <input type="text"/> | | |
| Residential Address: | | | | | |
| Street 1: | <input type="text"/> | Street 2: | <input type="text"/> | | |
| City: | <input type="text"/> | Post Code: | <input type="text"/> | | |
| ID Type: | <input type="checkbox"/> Passport | <input type="checkbox"/> Photo Driver's License | Issuing Country: | <input type="text"/> | |
| <input type="checkbox"/> Other | <input type="text"/> | ID #: | <input type="text"/> | Expiry Date: | <input type="text"/> <small>(dd/mm/yyyy)</small> |



WITHDRAWAL INSTRUCTIONS

Type of Withdrawal: ☐ Wire Transfer ☐ Local Bank Transfer - Jamaica ☐ Cheque (Individual)
☐ 3rd Party Transfer ☐ Cheque (Entity) ☐ JN Bank Account ☐ Close Account

This is my authority to withdraw from my JN Bank account and pay as follows:

(Amount in Words)

Pay in Currency: ☐ JMD ☐ USD ☐ GBP ☐ CDN Amount:

Withdrawal Reason:

JMD CHEQUE DETAILS

Pay Cheque To:
Amount: Payee Name:
Name of Person collecting cheque (where applicable):
Telephone #:

WIRE DETAILS

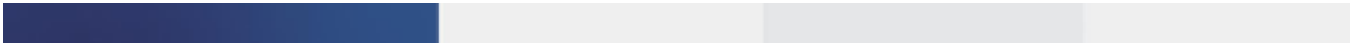
Bank Name:
Bank Address:
Branch: Name on Account:
Account Currency: Account Type: ☐ Savings ☐ Chequing
Routing Method: ☐ ABA ☐ SWIFT IBAN/ Account #:
Institution #: Transit #:
SWIFT Code:
Beneficiary Address:
Street 1: Street 2:
City: Post Code:
Country:

3rd PARTY TRANSFER

Name of Bank: Branch:
Account Type: ☐ Savings ☐ Chequing Currency: ☐ JMD ☐ USD ☐ GBP ☐ CDN
Account #: Name on Account:
Branch: Amount:
Swift / BIC / Routing #:

JN BANK ACCOUNT

Amount: Branch: Account Type:
Name on Account: Account #:



CUSTOMER CONFIRMATION

Special Instructions:

I/We declare that I/We have presented the documents to support this request and that I/We have read this authority and confirm that the information is correct. I/We agree to pay the service charge (s) for processing this transaction from the account that the withdrawal will be taken. I/We am/are aware that where the account balance is brought below the minimum required, monthly charges will apply.

Customer Signature:

Date:

(dd/mm/yyyy)

Customer Signature:

Date:

(dd/mm/yyyy)

Customer Signature:

Date:

(dd/mm/yyyy)

OFFICIAL USE ONLY

JN Bank MSR Name:

Date:

(dd/mm/yyyy)

Signature:

Authorized Signature:

Stamp:

