JMMB Investments
Jamaica Money Market Brokers Limited

Stop Payment/Recall Request

Form SPRR-042021

Branch: **Date**:

CLIENT INFORMATION	
Client Name:	
Account No.:	Phone No.:

TRANSACTION DETAILS		
Please select the applicable options and provide details of your payment that is being stopped or recalled.		
☐ Stop Payment on cheque no.:		Dated:
☐ Recall of Transfer Type:	☐ Outgoing ACH/RTGS	☐ Outgoing International Wire
Payment Amount:		Transaction Date:
Beneficiary Name/Payee:		
Beneficiary Bank (Recalls Only):		
Beneficiary Account (Recalls Only):		
Reason for recall/stop payment:		

DECLARATION
This request shall be valid provided that the stated payment has not been paid to the beneficiary by the time the Request is accepted and acknowledged by JMMB and or our Intermediary Bank. All relevant charges must be paid before the Stop Payment or Recall is effected.
Account for Bank Charges:

Client Name:	Client Signature
Client Name:	Client Signature

FOR OFFICIAL USE ONLY		
Received by:	Signature	Date:
Bank Drawn On:		Account No. Drawn On

Where this request includes **cheque(s) drawn on JMMB Bank** (herein after referred to as the Bank), the undersigned agrees:
1. To indemnify the Bank against any loss resulting from non-payment of the above-described item;
2. That, should said item be certified or paid through inadvertence or oversight, or through misdescription of the item the Bank will in no way be held responsible, provided the Bank has in good faith followed the usual procedures for handling stop payment orders;
3. To indemnify and hold the Bank harmless if the item is paid contrary to this order and payment is due to the failure of the undersigned to issue this order in a timely fashion thereby affording the Bank reasonable opportunity to act upon this order. The undersigned understands that this order will not be upheld, and shall indemnify and hold the Bank harmless, if you find that the item has already been paid prior to issue of this order or if the item has been paid or you have taken some other action to pay the item before this order becomes effective.
4. To notify the Bank promptly in writing if said item is recovered or destroyed or if for any other reason this stop payment order may be cancelled.

Authorised by:	Signature	Date:
Authorised by: (2nd signature required for JMMB Bank cheques)	Signature	Date:

Result: ☐ Successfully Stopped/Recalled/Returned   ☐ Unable to Stop/Recall/Return   ☐ Client Notified