



## Authority for Monthly Deductions from Salary

Company's Name: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Company's Tel #: \_\_\_\_\_

Contact Person at Company: \_\_\_\_\_

Full Name of Employee: \_\_\_\_\_

Employee's #: \_\_\_\_\_

**TO THE ACCOUNTANT:**

Kindly deduct the sum of (\$) \_\_\_\_\_ each month from my salary for payment to:

**JMMB BANK JAMAICA LIMITED. A/C#** \_\_\_\_\_

On Behalf Of: _____ <small><i>Insert company's name</i></small>		
Name	Authorized Signatory	Job Title
Name	Authorized Signatory	Job Title
		<b>company's stamp</b>

This instruction is effective from \_\_\_\_\_ and can only be cancelled in writing by  
 JMMB BANK JAMAICA LIMITED.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

Contact: \_\_\_\_\_ at **JMMB BANK JAMAICA LIMITED**  
(name of Loan Officer)

At \_\_\_\_\_ Branch  
(address of JMMB BANK JAMAICA LIMITED Branch where account is located)

**Please submit a completed copy of this form to your Branch as well as to  
 youremployer.**