



INCOMING ACH AUTHORIZATION FORM

I/We hereby authorize **JMMB Limited** to initiate a single or recurring (as indicated below) ACH transaction entry(ies) and to debit my/our account stated below and, if necessary, credit/debit corrections and adjustment entries to my/our account at the financial institution listed below.

This transfer to be executed Once Weekly Fortnightly Monthly Quarterly Semi-Annually Annually commencing on the and on the thereafter until cancelled by me/us in writing. (DD/MM/YYYY)

Financial Institution Name Branch

Financial Institution Address

Routing & Transit Number Account #.....

Account Type Savings Chequing

Amount (JMD only)...../..... (State amount in Figures) (State amount in Words)

By signing this form I/we the undersigned authorize JMMB Ltd. to transact on my /our account held with the financial institution noted herein (the "Account") and confirm that I am/we are authorized signatory(ies) on the Account. I/We acknowledge that JMMB Ltd. will not be held liable for any delay in payments made to or from the Account and or any return of the transaction by the financial institution resulting in any losses. I/We hold JMMB Ltd. harmless against any action or claim brought by a third party who has a beneficial interest in the Account.

I/We also agree to notify JMMB Ltd. promptly of any changes to the Account or provide information on a new account in a timely manner that JMMB Ltd. will not be liable for any losses resulting from the change in the account details and same not being communicated to JMMB Ltd.

Kindly credit my/our JMMB account as indicated below:

JMMB Account Name	JMMB Account Number	Amount
1.	1.	\$
2.	2.	\$
3.	3.	\$
4.	4.	\$

This authority is to remain in full force and effect until JMMB Ltd. has received written notification from me/us of its termination in such a time and manner as to afford JMMB Ltd. a reasonable time to act upon it.

..... Signature Date

Please attach a voided cheque or financial institution account verification (copy of pass book) or recent bank statement to this form.



MODIFICATION OF ORIGINAL OF ACH TRANSFER REQUEST

Please Cancel effective Suspend until
(DD/MM/YYYY) (DD/MM/YYYY)

or change my transfer amount for all ACH transfers to my/our JMMB account(s) as indicated below:

Account Name at Financial Institution	Account Number at Financial Institution	Transfer Amount	Transfer Frequency

.....
Client Name

.....
Signature

.....
Date

FOR INTERNAL USE

.....
Received by - Branch Agent Name

.....
Signature

.....
Date

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CP Agent Name

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Signature

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Date

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Updated by - Branch Agent Name

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Signature

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Date

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CP Agent Name

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Signature

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Date