



STANDING ORDER REQUEST FORM

Date: **Branch:**

On the and on the
(dd/mm/yyyy)

Monthly Fortnightly Quarterly Semi-annually Annually Maturity

Every (x) days Other

please transfer via standing order the sum of/
(state amount in dollars) (state amount in words)

If the execution date falls on a weekend or holiday, set to: Previous Business Day Next Business Day

Please take funds from account# account name

Please take charge from account# account name

(If destination account currency differs from that of the account specified above, a foreign currency conversion will be done on your behalf at the current market rate.)

| | |
|--|--|
| Name of Institution/Payee (please indicate if the payee will be collecting the cheque) | |
| Branch of Institution (where applicable) | |
| Address of Branch/Payee | |
| Account Name at Institution (where applicable) | |
| Account Number at Institution (where applicable) | |
| Type of Account (e.g. Savings, chequing, credit card) | |
| Special Instructions (where applicable) | |

Client Name Client Signature..... Date.....

Client Name Client Signature..... Date.....

JMMB Agent Agent Signature Date

JMMB will not take responsibility for any payment which has not been effected as a result of insufficient or uncleared funds on an account.

Standing Order Cancellation

This order should remain in force until, Retirement or until cancelled by me/
us in writing.

Client Name Client Signature..... Date.....

Client Name Client Signature..... Date.....

JMMB Agent Agent Signature Date

Please note that standing orders will be cancelled by JMMB after three (3) consecutive failed payment cycles.