JMMB Money Transfer

DEPOSIT AUTHORIZATION FORM

To send a money transfer to an account, the accountholder is to do a one-time completion and submission of this authorization form, as well as copies of his/her photo identification (photo ID) and Taxpayer Registration Number (TRN), to JMMB Money Transfer. *Note that a separate copy of this authorization form is to be completed and submitted, for each account to which a money transfer is being sent*. The form and copies of the photo ID and TRN should be submitted to JMMB Money Transfer via fax **(876- 960-2833)** or email (**jmmbmoneytransfer@jmmb.com)**. The original authorization form should be mailed or delivered to JMMB Money Transfer Limited, 6-8 Grenada Way, Kingston 5, Jamaica.

I hereby give **JMMB Money Transfer,** authorization to initiate single or recurring ACH* and other banking transactions (including but not limited to over the counter, internet banking or wire transfer) to credit the account** stated below for remittances sent through JMMB Money system on my behalf until further advised.

Beneficiary/Account Holder Name: _____

Beneficiary Full Address: _____

_____

Beneficiary Telephone Number: _____

Financial Institution Name: _____

Branch Name or Address/ Transit #: _____

Type of account (savings, chequing, etc): _____

Account Number: _____

Beneficiary Date of Birth: _____

Beneficiary Occupation: _____

By signing this form I the undersigned hereby confirm that I have verified my bank, Branch or Transit # with the Bank indicated above and confirm that the information is true and correct. I also confirm, that JMMB MONEY TRANSFER, will not be held liable should either the Branch or Account Number or both be incorrect and that JMMB MONEY TRANSFER, is not obligated to verify this information.

I also hereby authorize JMMB MONEY TRANSFER to transact on my account held with the financial institution noted herein (the "Account") and confirm that I am the authorized signatory on the Account. I acknowledge that JMMB MONEY TRANSFER will not be held liable for any delay in payments made to the Account and or any return of the transaction by the financial institution resulting in any losses. I hold JMMB MONEY TRANSFER harmless against any action or claim brought by a third party who has a beneficial interest in the Account.

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

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

_____ _____

BENEFICIARY SIGNATURE BENEFICIARY PRINTED NAME

_____

DATE

***ACH - Automated Clearing House**

****** Money transfer can be sent to JA$ Accounts ONLY**

PLEASE ATTACH A COPY OF YOUR ID AND TAX REGISTRATION NUMBER(TRN) TO THIS FORM