

Scotia Jamaica Life Insurance Company Limited

Branch: _____

To Bank: _____

ADDRESS _____

BANK CODE _____ TRANSIT NUMBER _____

 Mode of Payment: Monthly Annually Payment Amount \$ _____

Commencement Date _____

Dear Sirs,

 Please be advised that I/we have signed a Pre-Authorized Payment Plan **permitting** you to accept vouchers drawn by, or on behalf of, the above-named Company. Please verify the accuracy of the undernoted account information, indicating any corrections that are necessary and advise the Company accordingly.

 Please accept this document as **cancellation** of my/our instructions to you to remit funds to the above Company at debit of my/our account.

 Account Type: Current Account Savings Account Account Number _____

Bank Corrections _____

Account in the Name of _____

SIGNATURE OF ACCOUNT HOLDER

SIGNATURE OF ACCOUNT HOLDER

Completed By:

SERVICING AGENT NAME AND NUMBER; BRANCH NAME

DATE (DD/MM/YYYY)