

THE JAMAICA MICRO FINANCING ASSOCIATION

“Facilitating Jamaica’s Micro financing Sector”

PAYROLL DEDUCTION AUTHORIZATION FORM B 1

ANLH/01130	Date :				
Client Name :		TRN			
Address :	Contact Information:				
	Home # :				
	Cell # :				
Employer :	Work # :				
	Emp. ID # :				
Loan Details/Deduction Schedule					
Loan ID # :	Loan Amount :	Installment Amount	No. of Install	Start Date :	End Date :

I BORROWER, hereby authorise the accounts department Of to deduct from my salary as indicated in the schedule above and remit same to ***The Jamaica Micro Financing Association Ltd*** for the credit of my account. I also authorize the , my **EMPLOYER** in the event of my **RESIGNATION** or **TERMINATION** of my employment to deduct and remit to ***The Jamaica Micro Financing Association Ltd*** the outstanding balance due to that organization from the proceed of any **SEVERANCE PAYMENT**, and or **UNPAID LEAVE** due to me, provided that all debts to the and/or the Government of Jamaica are fully satisfied.

I further agree that this **ORDER CANNOT BE REVOKED OR ALTERED** without **WRITTEN CONSENT** from ***The Jamaica Micro Financing Association Ltd.*** ***The Jamaica Micro Financing Association Ltd*** clearly understands that neither the nor the **GOVERNMENT OF JAMAICA** is liable for any losses incurred as a result of the **BORROWER** liability to ***The Jamaica Micro Financing Association Ltd.***

SPECIAL INSTRUCTIONS :

Client Name	Client Signature	Date
To Be Completed By EMPLOYER		
Name of Authorized Officer	Signature	Date
Please Place Organization’s STAMP Here		