



# REQUEST FOR Automated Clearing House Payments

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DATE REQUESTED:

*DD/MMM/YYYY*

JANNOU MEMBER'S NAME:

JANNOU ACCOUNT NUMBER :

AMOUNT TO BE TRANSFERRED:

RECIPIENT BANK:

*Bank to which funds should be sent*

ACCOUNT HOLDER'S NAME:

*Name of the person to receive the funds*

ACCOUNT NUMBER:

*Account Number of the recipient*

REASON FOR PAYMENT/ TRANSFER:

*if funds are to be credited to another institution on your behalf, please indicate your name and account details.*

Signature:-

Date