



PRE-AUTHORIZED PAYMENT CANCELLATION

Please accept this document as cancellation of my/our instructions to you to remit funds to my/our Bank as debit of my/our account (s) effective

ACC. TYPE	ACCOUNT #	ACCOUNT NAME

MORTGAGE NUMBER/ POLICY NUMBER	PREMIUM INCL. APIP/ MORTGAGE PAYMENT	LOAN REPAYMENT	MORTGAGOR/OWNERS NAME

Acc 1 _____

Acc. 2 _____

SIGNATURE(S) OF DEPOSITOR(S) AS SHOWN IN BANK
RECORDS FOR THE ACCOUNT(S) MAINTAINED ABOVE

Sagicor Life Jamaica Limited, R. Danny Williams Building, 28-48 Barbados Avenue, P O Box 439,
Kingston 5. www.sagicorjamaica.com * Tel.: 1-888-SAGICOR (724-4267)* Fax: (876) 929-473