

SELL TICKETS ONLINE
1-876-428-0826



Withdrawal Authority Form

TO: THE MANAGER, XTICKETZ PROCESSING CENTRE

Date:
(dd/mm/yyyy)

CUSTOMER INFORMATION

Surname: First Name: Date of Birth:

(dd/mm/yyyy)

Telephone:

Residential Address:

Street 1:

Street 2:

City:

Post Code:

ID Type: Passport Photo Driver's License Jamaican British

Other

ID #: Expiry Date:

Email:

WITHDRAWAL INSTRUCTIONS

Type of Withdrawal: Wire Transfer Local Bank Transfer - Jamaica

NCB SCOTIA BANK JN Bank _____ OTHERBANK

Branch: Account Type: Account Number:

This is my authority to withdraw Profits from online sales :

(Amount in Words)

Pay in Currency: JMD Amount:

I/We declare that I/We have presented the documents to support this request and that I/We have read this authority and confirm that the information is correct. I/We agree to pay the service charge (s) for processing this transaction.

Customer Signature

Date