

JAMAICA FINANCE COMPANY CORP.
138-10 HILLSIDE AVE
JAMAICA, NY 11435
718 658 5132
FAX# 718 739 1550

To whom it may concern:

Date:_____

Let it be known that I _____ do hereby give
Jamaica Finance Co. permission to take my monthly payment of \$ _____
plus a \$5.00 service charge every month using my credit card or debit card until my
loan is paid in full.
