**Central Bank of Jordan**

**Domestic Payments and Banking Operations Department**

**Electronic Cheque Clearing House**

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| **Extension Form for Electronic Cheque ClearingSession** | |
| Name of the Bank: | Date: |
| Application number within the day | Application number within the month |
| Electronic clearing session No. | |

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| --- | --- |
| **Reason for Extension** | **The Requested Extension Period in Writing** |
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| --- | --- |
| **Authorization** | |
| We authorize you to debit the charges for extending the period of the electronic cheque clearing session to our account held by you. | |
| **Names of Authorized Signatory** | **Signature** |
|  |  |
|  |  |

Stamp of the bank requesting the extension

**For the use of the central bank of Jordan**

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| Electronic Clearing House Director  □ Agree  □ Disagree Signature: |
| **To**: Executive Manager of the Domestic Payments and Banking Operations Department  **From**: Director of Electronic cheque Clearing House  □ Agree  □ Disagree Signature: |

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