



STANDING ORDER REQUEST FORM.

BRANCH: _____

DATE: _____

Please effect the instructions below on my/our behalf

New **Amend** **Cancel**

MEMBER DETAILS:

Account Name: _____ Account No: _____

Address: _____ Phone No: _____ Email address: _____

BENEFICIARIARY DETAILS:

Beneficiary Name: _____ Account No: _____

STANDING ORDER INSTRUCTIONS:

I/We hereby authorise and request you to pay amount in figure _____ in words

Frequency: [] **Weekly** [] **Monthly** [] **Quarterly** [] **Annually**

From my account to beneficiaries account as indicated above.

Start Date: _____ and End Date: _____ being payment of:

CANCELLATION:

Give Reasons: _____

Terms and conditions of standing order

- The Sacco does not undertake to effect after the due date, any payment which was not effected on the due date owing to lack of funds.
- The customer shall ensure that there are sufficient funds in the account before the due date to enable the Sacco to effect these instructions.

Authorised signatories

By signing this standing order request form, I/We have read, understood and agreed to be bound to the terms mentioned herein and I/We have signed in agreement to the same and conform that the information supplied in this form is correct to the best of my/our knowledge. I/We accept full responsibility for all such instructions and for ensuring the accuracy and completeness of these instructions.

Name: _____ ID Number _____ Signature _____

Name: _____ ID Number _____ Signature _____

Name: _____ ID Number _____ Signature _____

Name: _____ ID Number _____ Signature _____

FOR OFFICIAL USE:

Recommended by..... Amount Approved.....

Signature Signature.....

Designation Designation

Date Date