

## STANDING ORDER FORM

### CUSTOMER DETAILS

Account Name:..... Account No:.....

P.O Box:..... Code:.....Town:.....

Phone Number:..... E-mail Address:.....

Please effect the following instructions on my/our behalf:  New  Amend  Cancel

### BENEFICIARY DETAILS

Beneficiary Name:..... Account No:.....

Bank Name:..... Branch Name:.....

### STANDING INSTRUCTIONS

Amount in Figures:(KSHS/USD/GBP/EUR).....

Amount in Words:.....

Frequency of Remittance:  Weekly  Monthly  Quarterly  Annually

Beginning Date:..... End Date:.....

Narration (Policy No/Loan Account/Other).....

**For Amendment, indicate the details to be amended in the space provided below;**

### **Terms and Conditions for the Standing Order:**

1. The Bank does not undertake to effect after the due date, any payment which was not effected on the due date owing to lack of funds.
2. The Customer shall ensure that there are sufficient funds in the Account before the due date to enable the Bank to effect these instructions.
3. The Bank hereby reserves the right to cancel this standing instruction without notice to the Customer if the standing instruction has failed and payments could not be made for three consecutive times due to lack of funds, the Account being blocked and/or Account being dormant or any other reason(s) which is/are due to acts and/or omissions of the Customer. The Bank shall not liable for such cancellation, failure to execute or insufficient execution of the instruction or any direct and/or indirect consequences that may arise from the same.

#### **Authorized 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 confirm 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.

Applicant's Name:..... Signature:..... Date:.....

Applicant's Name:..... Signature: ..... Date:.....

FOR OFFICIAL ONLY	Name	Initials
Received & Checked by		
Verified by		