



BANK

STANDING ORDER FORM

TO BE FILLED IN BLOCK LETTERS

Branch _____ Date _____ Currency _____

NEW STANDING ORDER

On the _____ day of _____ 20 _____ and thereafter on the same date, Monthly / Quarterly / Half Yearly / Yearly until _____ day of _____ 20 _____ or until cancelled by me/us in writing, please debit my/our account with the sum of (figures) _____ (words) _____

_____ plus charges and Credit to:

Beneficiary Name: _____ Account No. _____

Beneficiary Bank: _____ Branch: _____

Ref. Details: _____

NOTE: YOUR ACCOUNT SHOULD HAVE SUFFICIENT FUNDS 24 HOURS BEFORE DUE DATE

STANDING ORDER AMENDMENT

Kindly amend my/our Standing Order on my/our account with effect from _____ (date) as follows:

Cancel Suspend for _____ (Months) Amend **(Tick Appropriately)**

TICK HERE	DETAIL	FROM	TO
<input type="checkbox"/>	AMOUNT		
<input type="checkbox"/>	DUE DATE		

CUSTOMER ACCOUNT DETAILS

Account No: _____ Account Name: _____

Address: _____ Telephone: _____ Email: _____

Signature: (1) _____ (2) _____

(3) _____ (4) _____

FOR OFFICIAL USE ONLY

Witnessed/Approved by: _____ Signature: _____ Date: _____

MSQC Signature: _____ Signature Number: _____ Stamp: _____

- Note:**
1. Standing Order instructions are effected two days from date of receipt
 2. The Bank undertakes to effect the instructions SUBJECT TO AVAILABILITY OF SUFFICIENT FUNDS 24 HOURS BEFORE THE DUE DATE
 3. Instructions not effected for lack of sufficient funds on Due Date will attract a penalty as stipulated in the Bank Tariffs.

Regulated by the Central Bank of Kenya

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