

STANDING ORDER FORM

Please complete in BLOCK LETTERS.

Account Information

Account Name

Account Number

Kindly use this as an instruction to debit my account number above and credit the beneficiary account below in the following order of priority.

Beneficiary Account 1

Account Name

Account Number Frequency Daily Weekly Fortnightly

Amount ₦ Monthly Bi-monthly Quarterly Half-Yearly Yearly

Start Date End Date

Beneficiary Account 2

Account Name

Account Number Frequency Daily Weekly Fortnightly

Amount ₦ Monthly Bi-monthly Quarterly Half-Yearly Yearly

Start Date End Date

Authorized signature Date

Authorized signature Date

Bank Use Only

Branch Code

	Name	Date	Signature
Acct Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bus. Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cust. Ser. Mgr	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sup. Serv Offr	<input type="text"/>	<input type="text"/>	<input type="text"/>