## 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 Daily Weekly Fortnightly Account Number Frequency Monthly Bi-monthly Quarterly Half-Yearly **Amount End Date** Start Date (DD MM YYYY) (DD MM YYYY) **Beneficiary Account 2** Account Name Frequency Daily Weekly Fortnightly Account Number Monthly Bi-monthly Quarterly Half-Yearly Yearly **Amount** Start Date **End Date** (DD MM YYYY) Authorized Date signature (DD MM YYYY) Authorized Date signature (DD MM YYY Target Plan Details (For existing Diamond Future account holders only) Target Plan Option Monthly Bi-Monthly Quarterly Target Goal Amount | (₦) Commitment Amount (₩) (Please fill in figures) (Please fill in figures) Start Date Bank Use Only Branch Code Date (DD MM YYYY) Signature Name **Acct Officer** Bus. Manager Cust. Ser. Mgr Sup. Serv Offr