



## STANDING ORDER REQUEST FORM LOCAL CURRENCY

Date of request		Ref.	
<b>Account Holder Details</b>			
Name:			
Account Number			
Telephone Number			
Purpose of transfer / debit order			

<b>Beneficiary Account Details</b>			
Beneficiary Bank:			
Beneficiary Account Name			
Beneficiary Account Number			
Full Address of Intermediary Bank			
Amount in figures (FRW)			
Amount in words			
<b>Start date to debit account</b>			
Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
<b>End date</b>			
I/we hereby confirm that the debit order instructions specified above are correct and have reviewed by myself / ourselves as true.			
Date		Signature	

**NOTE:** 1. Having insufficient funds at time scheduled for the order will draw a penalty.  
2. Having insufficient funds at time scheduled for the debit for three (3) consecutive times will result in the automatic cancellation of the standing order

<b>BANK USE ONLY</b>			
Exchange Rate		Bank's Commission	
Treasury Date		Treasury Signature	