

# Standing Order Instruction Form



Guaranty Trust Bank Ltd

Date        
Day Month Year

Account Name: \_\_\_\_\_

Account No:

## New Instruction

Please tick required section as appropriate

Standing Order Amount

Account to Debit:

(Please note that the applicable standing order and amount and charge will be debited to the above account)

Beneficiary Name: \_\_\_\_\_ Beneficiary Account No:

Beneficiary Bank: \_\_\_\_\_ Narration/Remark Column: \_\_\_\_\_

Frequency: Daily  Weekly  Monthly  Quarterly  Others

Start Date:        
Day Month Year

End Date:        
Day Month Year

## Cancel Existing Instruction

Please tick required section as appropriate

Standing Order Amount

Account to Debit:

(Please note that the applicable standing order and amount and charge will be debited to the above account)

Beneficiary Name: \_\_\_\_\_ Beneficiary Account No:

Beneficiary Bank: \_\_\_\_\_ Narration/Remark Column: \_\_\_\_\_

Frequency: Daily  Weekly  Monthly  Quarterly  Others

Start Date:        
Day Month Year

End Date:        
Day Month Year

## Modify Existing Instruction

Please tick required section as appropriate

Standing Order Amount

Account to Debit:

(Please note that the applicable standing order and amount and charge will be debited to the above account)

Beneficiary Name: \_\_\_\_\_ Beneficiary Account No:

Beneficiary Bank: \_\_\_\_\_ Narration/Remark Column: \_\_\_\_\_

New Standing Order Amount

Frequency: Daily  Weekly  Monthly  Quarterly  Others

New Start Date:        
Day Month Year

New End Date:        
Day Month Year

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Authorised Signatory

CIS: \_\_\_\_\_ OPS Head: \_\_\_\_\_