

# 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 amount and charge will be debited to the above account)*

Beneficiary Name: \_\_\_\_\_ 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 amount and charge will be debited to the above account)*

Beneficiary Name: \_\_\_\_\_ 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 amount and charge will be debited to the above account)*

Beneficiary Name: \_\_\_\_\_ 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

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Authorized Signatory

## For Official Use

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