

GUSII MWALIMU SACCO SOCIETY LIMITED

MWALIMU HOUSE, 1ST FLOOR, P.O. BOX 1335, TEL: 057-30357; FAX: 058-31021 KISII.
Website: <http://www.gusiimwalimusacco.co.ke> ; Email Address: gusiimwalimusacco@yahoo.com

With you all the way! STANDING ORDER REQUEST FORM

Please effect the instructions below on my/our behalf [] **New** [] **Amend** [] **Cancel**

❖ MEMBER'S PERSONAL DETAILS:

FULL NAMES _____ MOBILE NUMBER _____

TSC NO/P.NO. _____ MEMBERSHIP NO. _____ ID.NO. _____

FOSA ACCOUNT NO. _____

RECIPIENT/ BENEFICIARIES DETAILS

Beneficiary Name: _____ Account No.: _____

Account Type: _____

❖ STANDING INSTRUCTION

Pay amount in figures: _____ in words _____

Every (date) _____

Frequency **Monthly** [] **Quarterly** [] **Yearly** [] **Weekly** [] Others (Specify) _____

From my account to beneficiaries accounts indicated above **Starting Date:** _____ and **End on**

Date _____ being payment of _____

For amendments indicate details to be amended in the box below:

❖ Terms and conditions of Standing order:

- The bank does not undertake to effect after the due date, any payment which was not effected on the due date owing to lack of funds.
- The customer shall ensure that there are sufficient funds in the account before the due date to enable the bank to effect these instructions.
- The bank hereby reserves the right to cancel this standing instruction without notice to the customer if the standing instruction has failed and payments could not be made for three consecutive times due to lack of funds, the account being blocked and/or account being dormant or any other reason(s) which is/are due to acts and/or omissions of the customer. The bank shall not be liable for such cancellation, failure to execute or insufficient execution of the instruction or any direct and/or indirect consequences that may arise from the same.

❖ Authorized signatories

By signing this standing order request form, I/We have read, understood and agreed to be bound to the terms mentioned herein and I/We have signed in agreement to the same and conform that the information supplied in this form is correct to the best of my/our knowledge. I/We accept full responsibility for all such instructions and for ensuring the accuracy and completeness of these instructions.

Name: _____ ID No. _____ Signature: _____ Date: _____

For Bank Use Only

To be completed by indicating user ID, official signature and number as appropriate

Received by: _____ SI Details Verified By: _____ Confirmed By: _____