



Standing Order Request Form:

Kindly place: (a) New (b) Amend (c) Cancel Internal External Standing Order

MEMBER DETAILS:

Account Name: _____ Account /Member No: _____ ID No: _____
Postal Address: _____ Code: _____ Town: _____ Phone No: _____
Email Address: _____

RECIPIENT/BENEFICIARY'S DETAILS:

Beneficiary Name: _____ Account No: _____
Bank: _____ Branch Name: _____

STANDING INSTRUCTION:

Pay amount in figures: Ksh. _____ in words: _____
_____ every (date) _____

Frequency: Weekly Monthly Quarterly Yearly Others (Specify) _____ from my
account to the beneficiaries accounts indicated above **starting date:** _____ **end date:** _____ being
payment of _____
Reference: (Fosa A/c, Loan A/c etc) _____

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

Terms and Conditions of Standing Order:

- Chai Sacco 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 member shall ensure that there are sufficient funds in the account before the due date to enable the Sacco to effect these instructions;
- The Sacco hereby reserves the right to cancel this standing instruction without notice to the member 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 member. The Sacco 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: _____
Name: _____ ID. No: _____ Signature: _____
Name: _____ ID. No: _____ Signature: _____

FOR OFFICIAL USE ONLY:

Verified by: **Sign:** **Date:**
Approved by: **Sign:** **Date:**