

Bank to be debited:

Bank to be credited:

Bank: _____

Beneficiary Bank: _____

Branch: _____

Branch: _____

Please make payments in accordance with the following details

Debit account *

Credit account *

First payment date *

Payment frequency * Yearly Half-yearly Quarterly
 Every 2nd month Monthly The 1st and 15th every month
 Every 2nd week Weekly Every bank day

Payment free months Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Usual payment date

Last payment date Or Number of payments

Amount *

Beneficiary name *

Beneficiary reference

Account name: _____

Customer signature _____

Date _____

*Mandatory field

Not all of the above information may be required by your bank