

Standing Order Instruction Form



Guaranty Trust Bank (Tanzania) Ltd.

Date

Day Month Year

Account Name: _____

Account No.:

Mobile No.: _____

E-mail Address : _____ Branch : _____

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 : _____ Beneficiary Account No.:

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 : _____ Beneficiary Account No.:

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 : _____ Beneficiary Account No.:

Frequency: Daily Weekly Monthly Quarterly Others

Existing Start Date :

Day Month Year

Existing End Date :

Day Month Year

New Standing Order Amount :

Frequency: Daily Weekly Quarterly Monthly

New Start Date :

Day Month Year

New End Date :

Day Month Year

Authorized Signatory

Authorized Signatory

Customers are advised to request for the Customer Acknowledgment Slip

For Official Use

CIS : _____
Name/Signature/Date

OPS Head : _____
Name/Signature/Date