



**UKRISTO NA UFANISI DT SACCO LTD**

Tufanikiwe Pamoja

P.O Box 872 – 00605 Nairobi, Tel; 0720 339673, 020 7650581

Email: info@ukristonaufanisicoop.com | Website: www.ukristonaufanisicoop.co.ke

**STANDING ORDER APPLICATION FORM**

Branch: .....

Date: .....

I\We: .....

Member number: ..... Hereby wish to place a standing order of Ksh: .....

(Amount in words): .....

Every month effective from date: ..... for a duration of (Months) .....

From current account number: ..... To:

1. Account number: .....

3. Account number: .....

2. Account number: .....

4. Account number: .....

**\*Please ensure sufficient funds are available in the account to process this standing order on the scheduled date(s) to avoid any payment failures or delays.\***

Kindly effect the standing order.

Member Name: ..... Signature: .....

Member Name: ..... Signature: .....

Member Name: ..... Signature: .....

**FOR OFFICIAL USE ONLY**

Received and verified by: ..... Signature: .....

Date: ..... Comment: .....

Effected by: ..... Signature: ..... Date: .....

Comment: .....