



BRANCH _____

DATE _____

STANDING ORDER

To the Manager
TANESCO SACCOS

I/We hereby authorize and request you to debit my/our account
(Details of the account from which payment will be made)

Account name

Account Number

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and credit the beneficiary/Receive account

Account name

Account Number

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Start date: (Cannot be historic)

--	--	--	--	--	--	--	--

Frequency :

Weekly Date

Monthly Date

Annually Date

AMOUNT (TSHS)		
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Signature

Signature	Date	
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Signature	Date	
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For Official Use only

FOSA Managers name	Signature	Date	Stamp
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