



STANDING ORDER (STO) FORM

APPLICANT DETAILS

Date _____
 Name _____ Branch _____
 Staff Number _____ Mobile Number _____

Kindly Place Amend Delete Suspend my standing order whose details are below

EXTERNAL STO (Beneficiary account held outside the Sacco)

Beneficiary		
Account Name _____	Bank _____	Branch _____
Account No _____	Reason/Policy No _____	1 st Payment Date _____
Pay amount Kshs. (figures) _____	Amount (words) _____	
Pay Frequency _____ Last Payment date _____		

INTERNAL STO (Beneficiary account held within the Sacco)

Payment:	
Loan Type _____	Amount _____
Deposits _____	Amount _____
Others: (Specify) _____	Amount _____
_____	Amount _____
_____	Amount _____
_____	Amount _____
Special Instructions	
Pay until further Notice <input type="checkbox"/>	Pay until full amount is paid <input type="checkbox"/>
Pay until last payment date <input type="checkbox"/>	
Frequency _____	1 st Payment Date _____ Last payment Date _____

Signatory Name (s)	National ID	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FOR OFFICIAL USE ONLY

Verified By _____ Signature _____
 Approved By _____ Signature _____

Note: A commission for unpaid STO will be charged if there are no funds on the due date. However, if the account is funded within the payment window, the STO will be paid at the end of the month.