

MALDA DIST CENTRAL COOP BANK LTD.
HEAD OFFICE: S.P. ROAD. PO& DT. MALDA

STANDING INSTRUCTION FORM

To

Date:

The Branch Manager

_____ Branch

Malda Dist Central Coop Bank Ltd.

MALDA

Sub: Request for Standing Instruction

Dear Sir,

I / we have opened one Recurring deposit account in my/our name and I/We want to deposit my monthly installment by debiting my/our savings account. The details of such standing instruction are given as under:

1	Name (Recurring A/C Holder)	1. 2.
2	Name (Saving A/C Holder)	1. 2.
3	Recurring A/C Number	
4	Amount of instalment	
5	Period up to installment to be paid	
6	Saving A/C Number to be Debited	

I / We have read out the S.I. rules of the bank. I/We declare that due the reason of insufficient fund in saving account or for any software disorder if the installment is not deposited in recurring A/C by debiting the said Savings A/C the bank will not be responsible. I/We will update my/our recurring deposit pass book regularly and if I/We noticed that instalment is not deposited I/We will inform the same to you for rectification.

Thanking You.

Yours truly,

1. _____ 2. _____

Authorised Signatory of debiting account

Standing Instruction Executed on: