



CIVIL SERVICE STANDING ORDER FORM

Please give effect to the following deduction

Customer Name

Account Number

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TICK WHICHEVER IS APPLICABLE

New
<input type="checkbox"/>

Change
<input type="checkbox"/>

Cease
<input type="checkbox"/>

Employee Code Number

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

C/D

Complete EC number and check digit block

Payee Code

8	1	0	2	2
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Monthly rate (Repayment \$)

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Confirmed Repayment by Bank (\$)

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

From date

D	D	M	M	Y	Y
---	---	---	---	---	---

To date

D	D	M	M	Y	Y
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Bank Use

Customer Signature	S.V.

Disclaimer

The bank reserves the right to confirm the ultimate monthly repayment amount.

For bank use only

CHECKED BY Name.....Signature.....Date.....

AUTHORISED BY Name.....Signature.....Date.....