

STANDING INSTRUCTION (CREDIT CARD)



(USE BLOCK LETTERS & CROSS OUT UNUSED SECTIONS)

Please Fill In The Required Section (s) Only [Keep SR# Blank]
 (*) indicates mandatory fields

Date:

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

Credit Card No (*)										
Credit Card Holder Name										
Account No										
Account Holder Name										
Authorize & Agree	Signature: Primary A/C Holder					Signature: Joint A/C Holder				
I/We have authorized the below instructions. I/We both agree to the relevant Terms, Conditions and Clauses mentioned in this form.										

SR#

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

<input type="checkbox"/> A. Standing Instruction Set Up (Account to Credit Card)																			
Auto Debit Instruction from SCB A/C No. (*)																			
Card Billing date (*)	D	D	/	M	M	/	Y	Y	Y	Y									
Monthly Payment %	<input type="checkbox"/> Minimum Amount <input type="checkbox"/> _____ % of Current Balance																		

SR#

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

<input type="checkbox"/> B. Cancellation of SI (Account to Credit Card)																			
Account Number from where SI to be deleted (*)																			
SI Amount (*)																			
Name of Beneficiary (*)																			
Beneficiary Card No. (*)																			

For Bank Use Only																			
Verified by Staff (Sign, Seal and Date)	Customer met in person & was identified through <input type="checkbox"/> Photo ID <input type="checkbox"/> Bank Account No. <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card																		