



ZENITH BANK (GHANA) LIMITED
STANDING ORDER FORM

Branch

Date

Account Name

Account Number

I authorize that

GH¢

should be transferred on the _____ of each month from my account in favour of
_____ domiciled in _____ with account
number _____ effective _____
to _____

Authorised Name and Signature

Authorised Name and Signature

BANK'S USE ONLY:

Authorised

Processed

BH/HOP