



CSSL/BRO/F/024

**CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD**

Head Office: Chai House, Ground Floor, Koinange Street.

P.O. Box 278- 00200 City Square Nairobi Kenya

Mobile: 0709808000 / 0709808100 / 0709808101

Email: [info@chai-sacco.co.ke](mailto:info@chai-sacco.co.ke), Website: [www.chai-sacco.co.ke](http://www.chai-sacco.co.ke)**INTERNAL STANDING ORDER FORM****Member Information**

1. Member Name: ..... Member Number: .....  
Member ID: ..... Phone No: .....

**2. Source Account Type: (Tick where applicable)**

- ☐ Savings Account  
– ☐ Mapato Account

3. **Start Date:**      **Deduction Period:**      (e.g., xx no of days, months or years)

4. **Deduction Amount:** Kes.      **Amount In words** Kes.

**5. Frequency of Deduction: (Tick where applicable)**

- ☐ Daily  
– ☐ Weekly  
– ☐ Monthly

**6. Destination Account: (Choose where applicable)**

Member No.	Member Name	Account Type	Amount

**Authorization:**

**I, the undersigned, authorize the deductions as specified above to be made from my account.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Reviewed By: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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