



**CHAI SACCO SOCIETY LTD**  
**Chai House, Ground Floor, Koinange Street.**  
**P.O. Box 278 - 00200 Nairobi**

CSSL/BRO/F/24

## 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: \_\_\_\_\_