

Date:

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Branch Manager,
 Branch
 Trust Bank PLC

I/We request to transfer fund from my/our account as follows,

DEBIT ACCOUNT DETAILS														
Account Number														
Account Title														
Mobile Number														
CREDIT ACCOUNT DETAILS														
Account Number														
Beneficiary Title														
Branch Name														
TRANSACTION DETAILS														
Amount (In Figure)									Transaction Time					
Amount (In Words)														
Purpose of Transaction														
Reason for not using cheque														

I/We, authorize Trust Bank PLC to initiate the fund Transfer by debiting my/our above mentioned account. I am/we are fully aware that this transaction is irrevocable and will be posted to the bank account mentioned in this form. I/we shall be solely liable for any error regarding wrong transaction due to inserting wrong account number in the above as transaction will be done within shortly. I/we also confirm that transactions under this instruction will be subject to applicable rules & regulations of bank.

Signature of (1st A/C Holder)



Signature of (2nd A/C Holder)

BANK USE ONLY

Remarks:	Transaction No	
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- Customer account information is found correct and has sufficient balance for the transaction
- Signature(s) of the customer matches with account's signature card
- Confirm the physical presence of A/C holder**

Initiated by Desk Official
 (with seal & sign)

Recommended by Branch Operation Manager
 (with seal & sign)

Approved by Branch Manager
 (with seal & sign)