Agricultural Industrial and Development Bank

Credit/Debit Card Transaction Request – Recurring Payment

Cardholder Details:

Cardholder Name: _____

Address of Residence: _____

Telephone Number: _____

Email address: _____

Identification Number: _____

Identification Type: _____

Credit Card Details:

Type: ☐ Visa ☐ MasterCard

Credit Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Billing Address: _____

To Finance Division:

I hereby authorize you to pay the amount of _____ currency _____to loan number _____ in name of _____.

This request is authorized for monthly payments from _____ to _____

....

Signature Date

FOR BANK USE ONLY

COMMENTS/INSTRUCTIONS:

_____

_____

_____

…….....

Senior Manager Finance and Accounts

…….

Date Received