

BANK / EMPLOYEE STOP ORDER FORM



Golden Knot Legal Aid
104 Samora Machel Avenue
Belvedere, Harare
Tel: 0242-783-278, 773-147
Mobile: 0776-905-912/3
enquiries@goldenknot.co.zw

To (The Manager):

Bank:

PERSONAL DETAILS:

Name of Applicant:

Scheme:

Address :

DECLARATION

I/We, the undersigned, herewith request you to debit my/our account:

Account name: _____

Account number: _____

With an amount of (in figures): _____

Amount in words: _____

On the _____ day of every month and thereafter until the instruction is cancelled by me in writing.

TRANSFER AND PAY INTO THIS ACCOUNT

Account Name: Golden Knot Legal Aid Society | Account Number: 02123223150011 | Bank: CBZ | Branch: Selous

Signature: _____

Date: DD/MM/YYYY

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