

CREDIT ORDER INSTRUCTION - ADDENDUM FOR GROUPS

PARTICULARS OF ACCOUNT TO BE CREDITED											
Name of Account Holder											
Bank						Branch Name / Town					
Branch Number		Type of Account		Current		Savings		Transmission			
Bank Account Number											
Amount to be Credited		R		Amount in Words							
Payment Reference (to appear on Beneficiary account)											

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We agree to pay the bank charges relating to each separate credit order instruction payment required.
 Postbank cannot be held responsible for any loss whatsoever where incorrect account details are provided.

Signatures of authorised Group Signatories 12

Date..... Date

Please email this form together with the Credit Order application form to:
Postbank.Banking@postbank.co.za