



ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

(EFT Credit Entries to receive Payment through BEFTN)

Date://.....

To
 Branch Manager
 Strategic Finance & Investments Ltd.
 Branch

AUTHORIZATION FOR RECEIVING PAYMENT OF INTERST/ENCASHMENT AMOUNT THROUGH BEFTN

Dear Sir:

I/We hereby authorize Strategic Finance & Investments Limited (SFIL), to credit my/our Monthly/Quarterly/Half Yearly/Yearly interest or encashment amount or amount of loan against deposit through BEFTN service and supplement to my/our account at the bank listed below, or to receive the interest income from the account in connection with the TDR mentioned. This authority will remain in effect until the SFIL. is notified by me/us in writing to cancel it or until such discharge of amounts payable in connection with the Term Deposit in the sole satisfaction of SFIL.

Deposit Account No.	
Account Holder's Name	
Bank Account Name	
Bank Account No.	
Bank Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Others
Bank & Branch Name	
Routing No.	
Mobile No.	
TIN No. (If available)	

I do hereby authorize Strategic Finance & Investments Ltd. to use BEFTN as a method of transfer of any payment due to me.

Applicant 1	Applicant 2	Applicant 3	Applicant 4
Full Name & Date	Full Name & Date	Full Name & Date	Full Name & Date