IFEADIGO MICROFINANCE BANK LTD.

...for your brighter future

OJIMBA PLAZA, OGBOJEFERE MKT, ONITSHA, ANAMBRA STATE.

(FUND TRANSFER INSTRUCTION FORM)

I/we authorize the Bank to transfer as follows and debit My/Our Account with the transfer amount and the applicable charges.

APPLICANT DETAILS - (DEBIT)

Account Name:

Account Number

BVN:

Customer's Mobile Phone Number

Amount in Words:

Amount (₦)

BENEFICIARIES

BENEFICIARIES NAME	BANK ACCOUNT NO	BANK NAME	PURPOSE OF TRANSFER
1.	Amount (₦)		
2.	Amount (₦)		
3.	Amount (₦)		

CUSTOMER SIGNATURE _____ CUSTOMER SIGNATURE _____

OFFICE USE

VERIFIED BY _____ NAME & SIGNATURE

POSTED _____ NAME & SIGNATURE

TRANSFER RECEIPT (CUSTOMERS COPY)

TRANSFER TYPE: UIP ☐ INTERNAL TRANSFER ☐

ACCOUNT NUMBER

CUSTOMER NAME: _____

BENEFICIARIES NAME	BANK ACCOUNT NO	BANK NAME	AMOUNT (₦)
1			
2			
3			

VERIFIED BY _____ NAME & SIGNATURE

POSTED _____ NAME & SIGNATURE