

RTGS / EFT Authorization Form

Date:// The Branch Manager											
The bidificit Mariager					Tir	ne: 00 : (00 AM/P	M	Availal	ble Am	ount:
BRAC Bank Limited											
Branch:											
/We hereby authorize BRAC Bank Lim through BEFTN/BD-RTGS if the transact								it the f	ollowin	g cred	it accou
Debit Account's Information											
Account Title											
Account Number											
Type of Account		'					·	'			
Amount (In Numbers) & Currency					□В	DT 🗌 U	SD 🗆 (SBP [EUR	☐ CA	D 🗌 JI
Amount (In words)					'						
Date of Execution	DD	MM	YYYY	Mobile	No						
Credit Account's Information	n										
Account Title											
Account Number											
Bank's Name						Branc	h				
City						ычис					
Routing Number/SWIFT Code											
Reference/Purpose of Payment											
Reference/Fulpose of Fulyment											
maintained with other Banks. We also	transact	tion wi	ll be subje	ect to BEFTN/B	BD-RTGS o	perating	rule as	issued	by Ban	nglades	sh Bank.
maintained with other Banks. We also transmitted. We also confirm that the I am completely aware of the RT (RTGS Only).	transact	tion wi	ll be subje	ect to BEFTN/B	BD-RTGS o	operating	rule as Final a	issued	by Bar	nglades	sh Bank. ature.
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Accountholder's Signature Customer Physically Present in 1 Verified By: Signature & Date: Name: Pin: Debit Name: A/C No: Amount: Branch: City:	transact	sactio	II be subje	NAME: A/C No: Amount Bank No Routing	NLY red By: If the same: No:	ayment is 2nd Ac	rule as Final a counth	issued nd Irre older's	by Bar vocab	nglades	joint)
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